Ala. Appoints Mental Hygienist

Courier 9/11/49

BIRMINGHAM—Miss Pauli McKinley, New York University, has recently been appointed as psychologist with the State Department of Mental Hygiene. She works out of the office of Dr. Jack Jarvis in the Jefferson-Hillman Hospital.

Miss McKinley is a former Federal employee and school teacher. Her mother, Mrs. [illegible] McKinley, is an assistant director of the Jefferson County Negro schools.

...HILDBEARING RISK ...AT NEW LOW IN 1947

WASHINGTON, March 19 (AP)— ...ge for childbearing mothers ...ow in the United States in ...y the Public Health Service ...d today. But the risk for the ...hite women of this country ...ed, was three times that for ...ite women.

The "maternal mortality" rate, ...lining steadily since 1933, was ... per 1,000 live births in 1947, ...pared with 1.6 in 1946 and 2.... The 1947 rate for white ...men was 1.1 per 1,000 live ...rths, that for non-white women, ... In 1933 the comparative ...tes were 5.6 and 9.7.

In spite of a record 3,876,000 ...rths in 1947, the deaths in or ...on after childbirth, or from dis...ases of pregnancy, were 175 few... than in 1946. The 1947 "mater...al deaths" totaled 4,978. By states ...e rates were from 0.6 deaths per ...,000 live births in Minnesota to ... in Alabama, Mississippi and ...uth Carolina.

Statistics Show Too Many Child-Birth Deaths

WASHINGTON, D. C. — Too many infants and mothers in childbearing die in rural America, Dr. Leona Baumgartner, Associate Chief of the Children's Bureau has reported to Oscar R. Ewing, Federal Security Administrator.

"The risk of a baby's dying during his first year of life is nearly one-third greater in outlying country places than in cities. With mothers, the risk is over 50 percent greater," Mr. Ewing revealed.

An analysis just made by the Children's Bureau shows that as one moves out from the large medical centers the death rate for both mothers and babies increases. Of 1,000 babies born in or near large cities during 1943-47, 31 died before their first birthday. In more isolated counties, death rates rose as high as 41. For mothers dying in childbirth the same pattern holds true, the rate being 15 per 10,000 live births in greater metropolitan areas, as compared with 23 in isolated counties — an increase of 53 percent.

NEED SPECIAL CARE

"Small rural hospitals may be entirely adequate to handle uncomplicated cases of childbirth", said Dr. Baumgartner, "but when complications arise the skills and resources of big hospitals must be rushed out to the mother," or she must be brought in quickly to such hospitals. Mothers who hemorrhage in childbirth must get the right type of blood quickly, if their lives are to be saved. When infections occur, laboratory tests than can be quickly made are essential. A skilled obstetrician is needed when severe toxemias develop. When a baby is prematurely born, he may need oxygen and expert nursing care immediately, if he is to live."

"The Children's Bureau is working with the States to help them develop a network of services that will reach more of these mothers and babies.

"These evidences of the dearth of medical and hospital care in rural America are symtomatic of one reason why too many mothers and babies are dying," Dr. Buamgartner reported.

"While State health departments are trying to build up their maternal and child health services to reach outlying regions, they need a great deal more help than they are getting now if good medical and hospital care is to be within reach of all mothers and babies.

"The $11 million which Congress appropriates each year, and which the Children's Bureau administers, to help States develop their life-saving and health-building services don't go very far when they have to spread over the whole Nation in all kinds of public health services for older children as well as infants. Helping States to build up a network of health centers and services that will reach out to the most remote mother and child is a life-saving job on which all citizens can work."

...wer White Babies Born ...ity During Past Year

...probably was a decrease ...umber of cans of evapo... milk and boxes of baby ...old in Greensboro during ...d the hospitals in the city ...e fewer. Fewer babies ... Greensboro during 1947 ...eo's Hospital reported 1,... pink and blue blankets ...d little bundles there last ... More youngsters arrived ... Then there were 1,070, ... Wesley Long Hospital last ...71 pairs of eyes looked ... world for the first ...nets the previous year ...pled by 733 little ones. ... the infant records was ...

...edmont Memorial Hospital ...here, 355 wee boys and girls ...manded bottle and diaper ... ...dition. In 1947, their counter... ...ts totaled 389.

...Sternberger Hospital was the ...rth home last year for 317 ba... ...330 arrived there in 1947.

During the past year, 2,395 ...hite babies breathed their first ... in Greensboro's hospitals for ...ite people. More ozone was ...nmed the year before by 2... ...

... Richardson Memorial Hos... ...tal, for Negroes, reported 6... ...rmers in 1948. Figures for ... previous 12 months were un...ble.

6,646 Illegitimate Births Noted In 1947

The State Health Department reported yesterday that Alabama recorded 6,646 illegitimate births in 1947 with more than half of the babies born to mothers younger than 21.

Mothers under 21 delivered 3,598 children out of wedlock and those younger than 16 had 498. Of the total, 5,888 babies were Negroes and 758 were white.

There's only one chance in 92 that prospective parents will have twins, but 972 sets were born in Alabama in 1947, the department said.

White parents had 557 sets of twins and Negro parents 415. In 831 cases both twins lived. In 81 cases only one twin lived, and in 33 cases both twins were stillborn. Both twins were boys in 303 cases, both were girls in 338.

ace Health Better, Says Survey

WASHINGTON, D. C. — The health status of Negroes has made "considerable gains" in the last 15 years, according to a recent survey. However, it has emphasized that a much greater progress is necessary within the next 15 years for the health status of Negroes to compare favorably with that of the whole nation.

The survey was just completed through the cooperation of over 50 specialists in the fields of medicine, public health and social engineering. The results were published in the summer "49" issue of the Journal of Negro Education, published by Howard University.

Since 1937, when a similar survey of Negro health was published by the Journal, encouraging progress has been made, both relatively and absolutely.

During the period 1937-1946, mortality among Negro men was reduced 27 per cent as compared with 16 percent for white men. The life expectancy of Negro men in 1946 was 57½ years, an increase of 6 years in the 17 year period. At this rate of progress the life expectancy of Negroes would equal that of the whites in about 30 or 35 years.

The most frequent cause of death among both whites and Negroes is "Diseases of the Heart" and the incidence of death from this cause is higher for whites than for Negroes. Only 61 percent as many Negro as white men, and 84 percent as many Negro as white women die from this cause.

An encouraging conclusion was that "when Negroes are given opportunities for better health, they profit by their opportunities to an equal or greater extent than do their white fellow-citizens."

The survey emphasizes that "Negro health problems must be viewed as community or social problems rather than personal or racial ones before the necessity of improvement can become fully convincing."

Job Slight, Enyironment Called Hindering Factors

Sociologist, Medics, Laymen Agreed During Conference in N.Y.; Mental Angle

By JAMES L. HICKS

NEW YORK (NNPA) — The high disease and death rate among colored people in this country is directly due to economic and cultural discrimination against them by the rest of the population, a group of sociologists, medical men and laymen concluded at a health conference last Saturday.

The conference was called by the Physicians Forum of Harlem to inquire into health conditions among minorities and to devise ways of improving them. Dr. Bernard J. Stern of the Department of Sociology at Columbia University was the first speaker to link economic conditions and discrimination with the high death rate.

Dr. Stern quoting from a report by the Census Bureau stated:

"When deaths are classified by race, there is created . . . a hidden classification of economic status to the extent that economic status is correlated with race. An observed difference in mortality between race may in actuality be no more than a difference in morality of different economic classes."

Job, Discrimination Blamed

He thus concluded that as long as colored people are the last to be hired and the first to be fired, and discrimination continues to exist against them in employment and job advancement, they will not live as long as white people.

He asserted that the leading causes of death among colored people in New York City are cardio-vascular-renal diseases with a rate of 330 per 100,000, tuberculosis, 163 per 1000, cancer, 145 per 100,000 and a group of diseases called infanoe which takes 102 per 100,000.

The general death rate among New York colored people, Dr. Stern said, is 12.3 per 1000, compared with whites of 10 per 1000. But the tuberculosis death rate in 1947 among colored people here was about twice as high as that for the colored population of the country as a whole. The death rate among Puerto Ricans is "similarly alarming," Dr. Stern declared.

2 Types Segregation

Dr. Rutherford B. Stevens, colored phychiatrist of the Menninger Foundation in Kansas, said that the Harlem community appears to be "tragically deficient in mental hygiene from almost every viewpoint." He broke segregation down into two types, voluntary and involuntary. The segregation of Harlem, he said, is of the involuntary type.

"This type of segregation is damaging to the very core of an individual's personality—his sense of personal identity," he observed. "No man can be emotionally secure unless his sense of personal identity, his inner sense of self, is in close relation to and confirmed by external realities."

"A man who feels he is a man cannot be emotionally secure if he is treated less than a man," he continued. "Thus segregation of this type, of necessity, places additional burdens in the path of growth to emotional maturity."

"When hostility and fear brought on by discrimination are added to this," Dr. Stevens asserted, "it is not surprising that twice as many colored persons as whites in proportion to population are admitted to State mental hospitals." He said the most common diagnosis of the colored mentally ill is "dementia praecox" which is an inability to cope with the stresses of the environment."

While There's Life, There's Hope

ALPHA Phi Alpha Fraternity was rendered thoughtful when Henry Wallace said to their 1947 convention: "I am haunted by one single grim fact . . . A Negro child born this day has a life expectancy ten years less than that of a white child born a few miles away. I say these extra ten years for millions of Americans are what we are fighting for."

Last week, Public Health Service figures were only slightly encouraging. White women, the world's most long-lived humans, have life expectancy of 70.6 years; colored women only 61.3 years. Average white man may expect to live 65.1 years; average colored man only 57.9 years.

More encouraging are statistics showing about 85 percent of children born in 1947 were born in hospitals and ten percent of the remainder were attended by doctors outside of a hospital. However, nearly a third of the colored mothers had no doctor and the babies were delivered by mid-wives or other non physicians. Less than 2 percent of white women lacked doctors.

The Surgeon General is also gloomy, saying: "One half of the people in the world are continuously ill or become sick each year. He adds, however: "Much of this disease is preventable and a high percentage is curable." The tragedy is that it exists while we actually have the means and medical knowledge to wipe out most of it.

Presently, The Health Service is sponsoring an expedition to Africa to obtain specimens of various plants expected to yield precious cortisone which is to relief of human suffering, what atomic energy is to physics.

POOR WHITES SUFFER FROM HOOK WORMS, NEGROES FROM T-B, AND JEWS FROM DIABETES

"Stay in South" Augument of Washington Official Gets Walloping

"GREENS' EATING CHARGE REFUTED

WASHINGTON — (ANP) — You can't feed a workin man peanuts and hot-dogs and expect him to remain healthy declared the Rev. E. C. Smith, pastor of the Metropolitan Bay tist church, in a conference held in the District Health office Municipal building Thursday.

Representatives of religious and civic groups were invited to attend this conference called by Dr. Geo. C. Ruhland, health officer for the District of Columbia, for the purpose of defending the statement which he was reported as having made to the district commissioners and the Senate District subcommittee last week regarding the "screening" of Negroes who plan to move to Washington.

Dr. Ruhland's statement that "Negroes should stay in the south where they can raise greens" set off a bomb-shell which resulted in a blast of protest through the press. His office was also flooded with a shower of letters and telephone calls resenting such a statement. The President and the district commissioners received many requests from various organizations for the removal of Dr. Ruhland from public office.

Astounded by the reaction of the Washington citizens, Dr. Ruhland called together a group of Negro leaders for the purpose of explaining his position on the matter. The health officer used statistics to show how the population of Negroes had increased in Washington in the past 50 years as compared with the increase in the white population. He also attempted to show that the mortality rate among Negroes was at least four percent higher in Washington in 1948 than was the mortality rate among whites. He compared the rate of tuberculosis in the district with that of several southern cities. He talked about inadequate housing in Washington, and explained that these facts served as the base of his thinking that Negroes should stay in their southern homes where they could get sunshine, air and more out-of-door living.

The Rev. Smith, who served as spokesman of the Baptist Ministers conference, hit the nail more directly on the head than any of the spokesmen when he told the group that race prejudice is the root of the whole problem. The problem of health and housing among Negroes is a sociological problem which money and education alone will not solve. "This problem will be with us until the Negro is integrated in the social system of America," he declared.

In speaking of the economic problem of the Negro, Dr. Smith pointed out that the Negroes are given unfair job opportunities. They are the first fired, and the last hired. "A man cannot live decently without employment," he stated.

"Even if a man is fortunate enough to have a job, if it's downtown, there is not a place where he can go for a decent lunch, and a working man cannot eat peanuts and hot-dogs and remain healthy."

Dr. Fred B. Connelly, medical director at Freedmen's hospital, told the [illegible] was a bad [illegible] would like they would support every [illegible] of the Negro population. While the rate of TB is equally high in Negro groups, diabetes has proven to be highest among Jewish people, while poor whites from the rural south suffer most from hook-worms. Therefore, if the southern Negro is screened, the Jewish people, the southern whites, and other groups must also be screened.

Rev. Dillard Brown, pastor of the St. Luke's Episcopal church, suggested that the health officers improve all dwellings—slum conditions in Washington have not just popped up over night, they have been here for years with no improvement, he said. Speaking for the Interdenominational Ministers alliance, Rev. Brown advised that the public health officers use the authority in their power to condemn all dwellings which do not meet the health standards and prosecute owners of such property if they refuse to repair rental housing.

Col. R. R. Carey, who is in charge of inspection of slum areas, said there are 5,000 substandard dwellings in the District of Columbia at present, and the big question facing the health department is what to do with occuppants of these houses while they are undergoing repair.

He claimed that his refusal to make the tenants move was the humanitarian interest which he had in them. Many times people come to his office, he said, with tears in their eyes asking him what would they do if the houses were condemned.

The Rev. James L. Plan contended that there is only one race that is the human race. All people live alike under similar conditions. He resented the remark about keeping the Negro down south, declaring that "God puts ability where he wants it. Some of the best brains of the country came from the south," he declared. "Dr. Mordecal W. Johnson, president of Howard university, came from Tennessee where they grow greens."

A number of ministers were present at the conference representing various religious organizations. The Rev. J. H. Peters, pastor of the Ebenezer Methodist church, represented the Methodist Ministers union; Mrs. Portia C. Bullock, the Civic-Radio-Television council of the District of Columbia; Mrs. R. M. Kendrick, College Alumni club and Research Services, Inc., and James C. Carr, Sr., the Anti-Crime Commission.

In conclusion, the ministers agreed to form a committee to appear before house and senate committees requesting more funds for the proposed plan of erecting a larger health unit and for the clearing up of slums in the District, and also to work out ways and means by which they might cooperate with the present health commission in remedying the unsanitary conditions in the nation's capital.

Report Says Truman Has Something Good For South's Health

Chester Bowles Group Urges All Dixie Congressmen to Vote for National Insurance and Get More Hospitals

President Truman's health program—providing more doctors and hospitals, and national health insurance so the people can pay for them—was offered as the solution for a dangerous shortage of medical facilities and medical care in Southern States in a report today by the Committee on Research in Medical Economics.

Blaming the South's problems on lack of purchasing power, the report said the area has "fewer hospitals and higher sickness rates than any other region of this country," yet even its limited facilities are not fully used because the people are unable to pay for them. The report found that despite the scarcity of hospital beds in the South a higher proportion of them were vacant than in any other region.

Southern States, the report said, are spending as much as—or even more than—wealthier states comparatively for public health, but their funds are in most cases inadequate.

"Unnecessary death, misery and ill health are revealed clearly in the infant and maternal mortality rates in the South," the report said. "These figures reflect the desperate shortages of medical personnel and facilities. Nine of the ten States with the highest maternal death rates in 1946 were Southern States. The reason: only five out of ten southern mothers could afford and had available the protection they needed in childbirth. But outside of the South, almost nine out of ten mothers had such protection."

Pointing out that more than half of Southern youths were unable to meet the minimum physical or mental requirements for military service, the report said:

"North Carolina, a state with ne of the poorest showings in draftee rejection rates, made a surprising discovery. The rejection rate of North Carolina as a whole was 57 per [illegible] who had grown up in North Carolina orphanages and who had not-too-expensive hospital and medical care plus sound but-not-expensive nutrition, the rejection rate had been only three per cent'."

Emphasizing that the South's problem was chiefly economic, the report presented statistics for 12 Southern States showing a close correlation between the per capita income level of the States and the number of doctors and hospital beds available and other health indices.

"Since the South's health problem is mainly an economy problem, a problem of the individual's and family's purchasing power for medical care," it said, "the solution is to put purchasing power for medical care into their hands. Such a solution is offered in national health insurance—a national solution which would particularly benefit low income areas in the nation."

Eight "special benefits for the South" in the President's health program were listed. The report said the South would benefit particularly from the provisions of the President's program designed to provide more medical facilities in rural areas because "a large part of the Southern health problem is a rural health problem."

"Under the President's health program," it said, "the South would not only gain more desperately needed hospitals, but the ability to maintain these hospitals through National Health Insurance."

The Committee on Research in Medical Economics, which prepared the report, is a non-profit corporation which conducts studies of medical services, with particular attention to their economic and social aspects. It is headed by Dr. Michael M. Davis, Ph. D., under whose direction the report was drafted.

The report was distributed by the Committee for the Nation's Health, which is spearheading the drive for enactment of the President's health program. Commenting on the report, Chas. Paterson, executive director of the CNH, said:

"In the light of these facts it seems clear every Southern member of Congress should support the President's program. The report shows clearly the South needs this program more than any other section of the country."

From VD, TB; Full Rights Held Solution

WASHINGTON — A survey of the health status of colored persons in the United States has just been completed through the co-operation of 40 specialists in the fields of medicine, public health, and social engineering. The results (which much more rapid progress must be made within the next 10 or 15 year are reported in the Summer period, if the group's health status

Colored Group Far Behind Nation, Survey Reveals

Higher Mortality Rates, Fewer Deaths

is to compare favorably with the nation's as a whole.

Improvement during 10 Years

Since 1937, when a similar survey was published by the Journal, encouraging progress has been made, both relatively and absolutely.

During the period 1937-1946, mortality among colored men was reduced 27%, as compared with 16 % for white men. The life expectancy of colored men in 1946 was 57½ years—an increase of 10 years since 1929; for white men it was 65 years—an increase of 6 years in the 17-year period.

At this rate of progress the life expectancy of Negroes would equal that of the whites in about 30 or 35 years.

The most frequent cause of death among both whites and Negroes is "diseases of the heart;" and the incidence of death from this cause is higher for whites than for Negroes. Only 61% as many colored as white men, and 84% as many colored as white women die from this cause.

Fewer VD, TB Deaths

It is significant to note that while tuberculosis is tied for second place with "accidental deaths" as a cause of death among colored men, it ranks fifth among colored women.

Moreover, of the 10 most frequent causes of death among colored persons in 1937, all except cancer and diabetes decreased in frequency. Deaths from cancer increased by 31% and diabetes by 7%. The most striking decreases were made in pneumonia (61%), syphilis (45%), and tuberculosis (36%).

Lack of Health Medical Services

One of the most encouraging conclusions reached was that "when colored persons are given opportunities for better health, they profit by their opportunities to an equal or greater extent than do their white fellow-citizens." The most pressing problem, however, is the lack of adequate health and medical services.

Although hospital services for the country as a whole are considered "unevenly distributed," the survey emphasizes the fact that "The colored people. . . whose needs are greater proportionately, receive less proportionately in vital services than the white population."

What is more important, "The practice of providing services for colored persons in separate facilities or in an adequate portion of available facilities," the survey points out, "makes it even more difficult for them to obtain indispensable care."

Not Enough Physicians

Not only do colored persons have available to them 15 to 20% fewer hospital beds in proportion to their population, but "deplorable shortages of colored physicians, dentists, nurses and other health personnel limit severely, and tragically, the ability of the colored man to obtain. . .health care."

To cite just one example: colored physicians comprise a ratio of only 1 physician to 3,400 of the colored population, as contrasted to 1 to 750 for the country as a whole.

They would have to be increased to around 19,000—some 15,000 more than all colored physicians now available, to reach the average for the Nation as a whole.

And in 1948-49, fewer than 700 colored persons were enrolled in all the medical schools in the country that would admit them, and fewer than 150 were graduated.

Remedial Measures

In suggesting remedial measures, the survey noted that while individual factors were important no single one fully accounted for the low relative health status of the colored group.

The colored people's health status, the survey observes, can not be dissociated from his status in the American social order in general. They are the most poorlypaid, poorly-housed, poorly-fed, poorly-clothed and poorly-educated of any group in our population.

Moreover, they are engaged in significantly larger numbers in the most dangerous and unhealthy occupations. The greater propor tion of them live in the South which has the poorest health status and health facilities in the nation, even for the white population.

They are relegated to segregated facilities and services which are almost invariably inferior. And they do not even receive a proportion of these equal to their population ratio, to say nothing about their relative need.

Clean Up Entire Setup

These factors make the following remedies imperative: More and better medical and health services within the reach of the population, elimination of job discrimination, better housing, more education, better nutrition, elimination of segregated and inevitably inferior facilities; and so on.

But most important of all, the survey emphasizes, "colored health problems (must be viewed) as community or social problems rather than personal or racial ones before the necessity for improvement can become fully convincing."

Fventually the community pays for colored ill-health. . . .not alone through taxes for public health and relief programs, but for the support of institutions, and for the loss of a healthy citizenry."

HEALTH STATUS STUDY REVEALS SOME PROGRESS

WASHINGTON—A survey of the health status of Negroes in the United States has just been completed through the cooperation of over 40 specialists in the fields of Medicine, public health, and social engineering. The results of this study, (which are reported in the Summer 1949 Number of the Journal of Negro Education, published by Howard University) reveal that Negroes have made considerable gains in health status during the past 10 or 15 years. However, it is emphasized that much more rapid progress must be made within the next 10- or 15-year period, if the Negro's health status is to compare favorably with the Nation's as a whole.

Since 1937, when a similar survey of Negro health was published by the Journal, encouraging progress has been made, both relatively and absolutely.

During the period 1937-1946, mortality among Negro men was reduced 27 per cent as compared with 16 percent for white men. The life expectancy of Negro men in 1946 was 57½ years—an increase of 10 years since 1929; for white men it was 65 years—an increase of 6 years in the 17-year period. At this rate of progress the life expectancy of Negroes would equal that of the whites in about 30 or 35 years.

The most frequent cause of death among both whites and Negroes is "Diseases of the Heart"; and the incidence of death from this cause is higher for whites than for Negroes. Only 61 percent as many Negro men as white men, and 84 per cent as many Negro women as white women die from this cause.

It is significant to note that while tuberculosis is tied for second place with "accidental deaths" as a cause of death among Negro men, it ranks fifth among Negro women. Moreover, of the ten most frequent causes of death among Negroes in 1937, all except cancer and diabetes decreased in frequency. Deaths from cancer increased by 31 percent and diabetes by 7 percent. The most striking decreases were made in pneumonia (61%), syphilis (45%), and tuberculosis (36%).

LACK OF SERVICES CRITICAL

One of the most encouraging conclusions arrived at by the survey was that "when Negroes are given opportunities for better health, they profit by their opportunities to an equal or greater extent than do their white fellow-citizens." The most pressing problem, however, is the lack of adequate health and medical services available to Negroes.

The survey points out that hospital services for the country as a whole are "unevenly distributed." However, it emphasizes the fact that "The Negro people whose needs are greater proportionately, receive less proportionately in vital services than the white population." What is more important, "The practice of providing services for Negroes in separate facilities or in an inadequate portion of available facilities," the survey points out, "makes it even more difficult for the Negro to obtain indispensable care."

Not only do Negroes have available to them 15 to 20 percent fewer hospital beds in proportion to their population, but "deplorable shortages of Negro physicians, dentists, nurses and other health personnel limit severely, and tragically, the ability of the Negro to obtain . . . health care." To cite just one example: Negro physicians comprise a ratio of only 1 physician to 3400 of the Negro population, as contrasted to 1 to 750 for the country as a whole. They would have to be increased to around 19,000 — some 15-000 more than all Negro physicians now available, to reach the average for the Nation as a whole. And in 1948-49, fewer than 700 Negroes were enrolled in all the medical schools in the country that would admit them, and fewer than 150 were graduated.

REMEDIAL MEASURES

As to remedial measures, the survey explored a number of possibilities and made a number of suggestions. While individual factors were important no single one fully accounted for the low relative health status of the Negro.

The Negroe's health status, the survey observes, can be dissociated from his status in the American social order in general. Negroes are the most poorly-paid, poorly-housed, poorly-fed, poorly-clothed and poorly-educated of any group in our population. Moreover, they are engaged in significantly larger numbers in the most dangerous and unhealthy occupations. The greater proportion of them live in the South which has the poorest health status and health facilities in the Nation, even for the white population. They are relegated to segregated facilities and services which are almost invariably inferior.And they do not even receive a proportion of these equal to their population ratio, to say nothing about their relative need.

The factors associated with the Negro's poor health status suggest their own remedies: More and better medical and health services within the reach of the population, elimination of job discrimination, better housing, more education, better nutrition, elimination of segregated and inevitably inferior facilities; and so on.

But most important of all, the survey emphasizes that "Negro health problems (must be viewed) as community or social problems rather than personal or racial ones before the necessity for improvement can become fully convincing." For, "Eventually the community pays for Negro ill-health . . . not alone thru taxes for public health and relief programs, but for the support of institutions, and for the loss of a healthy citizenry."

Survey Of Health Status Of Negroes Made by Experts

Big Improvement In Past 15 Years Noted but Nation Has Much to do to Usher in Equality of Opportunities for All

Washington, D. C.—The 1949 Summer Number of the Journal of Negro Education, published by Howard University, reveals that Negroes have made considerable gains in health status during the past 10 or 15 years, but it is emphasized that much more rapid progress must be made in the next 10 or 15 years period if the Negro's health standard is to compare favorably with the nation's as a whole.

This survey of the Negro's health was made by over 40 specialists, it is stated.

The study reveals that disease of the heart are most frequent among both whites and Negroes but the incidence of death from this disease is higher among whites than Negroes. Only 61 per cent as many Negro as white men die from heart disease, but 84 per cent as many Negro women as white women die from this cause.

Tuberculosis is tied for second place with accidents as the cause of death among Negro men but it ranks fifth among Negro women. All diseases except cancer and diabetes showed a decrease in frequency. Death from cancer increased 31 per cent and diabetes 7 per cent. The most striking decrease was made in pneumonia (61 per cent) syphilis (45 per cent) and tuberculosis (36 per cent).

The survey shows that "When Negroes are given opportunities for better health, they profit by their opportunities to an equal of greater extent than do their white fellow citizens." The most pressing problem is the lack of adequate health and medical services available to Negroes. The report emphasizes the well known fact of a lack of hospital facilities, shortage of doctirs and dentists that has been pointed out in other recent surevys.

In conclusion, the report says the following:

Remedial Measures

As to remedial measures, the survey explored a number of possibilities and made a number of suggestions. While individual factors important to single one fully accounted for the low relative health status of the Negro.

The Negro's health status, the survey observes, can not be dissociated from his status in the American social order in general. Negroes are the most poorly-paid poorly-housed, poorly-fed, poorly-clothed and poorly-educated of any group in our poplation. Moreover they are engaged in significantly larger numbers in the most dangerous and unhealthy occupations. The greater proportion of them live in the South which has the poorest health status and health facilities in the Nation, even for the white population. They are segregated to segregated facilities and services which are almost invariably inferior. And they do not even receive a proportion of these equal to their population ratio, to say nothing about their relative need.

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Negroes Need No Screening

By RIC ROBERTS

Some weeks ago, when Health Officer Dr. George C Ruhland made his controversial statement to the effect that he was "almost ready" to suggest screening of Negroes planning to move to Washington to determine in advance whether they would become ". . . a drug on the market," he was attacked by many segments of the minority leadership.

However, it remained for Dr. W

DR. W. M. COBB
. . . answers Dr. Ruhland

Montague Cobb, ranking official of the District's Medico-Chirurgical Society and editor of its monthly organ, to get down to tasks with the veteran health expert.

A SCIENTIFIC REBUKE

Under the subject, "Must Race Determine Health?," Dr. Cobb rebukes Dr. Ruhland in the purely scientific realm of their common interest—the study of the human body.

While the press and our leaders attempted to harpoon Dr. Ruhland on moral and economic principles, Dr. Cobb swings from the floor in this knock-down and drag-out exchange.

Dr. Cobb strikes in the Medico-Chirurgical bulletin, in this manner: "Unbelieveable as such a point of view may seem in the chief health official . . . this outlook is nothing new for Dr. Ruhland Repeatedly before Congressional committees he has demonstrated his attitude."

QUOTES DR. RUHLAND

Numerous quotations are exhibited, showing the recorded consistency of Dr. Ruhland, since 1942 to blame the health ills of this area on colored people.

These quotations, summed up, include the following: Our disma tuberculosis record is largely caused by the colored population" (1942) The racial composition will determine what will happen in the matter of public health" (1943) and the same year, ". . . Our tuberculosis report for whites is rather good or compares favorably with the rate in other cities . . . our problem arises from the colored population of course."

In 1945, he declared, ". . . in a concentration of people like we have here, the incidence of tuberculosis is naturally going to excell the national rate.

"It must be remembered we have almost one third of our population Negro with bad housing conditions, and tuberculosis is essentially of and with the Negro. Baltimore with only one-fifth Negro population has a higher rate than we."

DR. COBB REPLIES

Thus appraised of the stand of Dr. Ruhland, Dr. Cobb replies, to wit: "Dr. Ruhland's views present several significant aspects for comment. First, is the fact that his own testimony shows he has the clear understanding to be expected of a man in his position, of the relationship between such matters as economic status, bad, overcrowded housing and disease. In the face of this, his persistence in identifying race with disease as though it were a responsible, causative factor, is amazing.

"Even less comprehensible is his reluctance to take the forthright stand yet more to be expected of a man in his position, for eliminating the bad housing and overcrowding by providing better.

"His answer in 1945 (made in the foregoing, to the direct charge of Congressman Howard Smith of Virginia) was evasive and apologetic. It certainly revealed no desire on the health officer's part to do anything about it. It is to be remembered that the 1949 "screening" suggestion was made in connection with a slum clearance hearing in the district.

CALLS RUHLAND AN "ESCAPIST"

"Dr. Ruhland would apparently clear the slums and perfect the city's health record by (first) screening all Negroes who would come to live in Washington and, (secondly) if we pursue his logic, by moving out of it all the Negroes already here.

"Clearly, Dr. Ruhland is an escapist who would solve his problem by removing it from the scene.

"We blandly prate," continues Dr. Cobb, "that any citizen is free to move about as he will through and across the boundaries of the forty-eight states and the District of Columbia, of our country.

"The Medico-Chirurgical Society intensely regrets the health officer's expression, which it was forced formally to condemn at one of its regular meetings.

"Now that Dr. Ruhland is about to retire after fourteen years service, Washingtonians would naturally be casting about for everything good they could say about him.

This Society recalls with pleasure that his address before it on Feb 28, 1935, was his first before any medical organization since his advent here.

We are pleased to note that in 1937 he saw no reasons why a staff of colored and white physicians should not be appointed to Gallinger Hospital. He may have changed later but his earlier position we applauded.

CITES OTHER DISTINCTIONS

"Shortly after becoming a health officer, Dr. Ruhland formed a citizens advisory committee which included colored members. Although this was discontinued, due to obvious pressure, we give him credit for trying.

"Most recently the Society had pleasure in commending Dr. Ruhland for his order banning segregation of blood by race at the Gallinger blood bank. For this he received anonymous threats.

"We would break no lances with Dr. Ruhland. He has been forty-five years a member of the medical profession, having graduated from the Wisconsin College of Physicians and Surgeons in 1904. We construe his attitudes on health as a racial matter as the product of the mental strain of a harassed public official, envolved in the genteel seclusion of his private club, rather than on the playing fields of modern social progress. We hope Dr. Ruhland's outlook will retire with him.

Medico-Chi shall certainly insist that his successor be most carefully "screened" to ensure that he doesn't have similar concepts."

Journal & Guide

Dr. Dent Elected To
Health Council Board Sat. 4-30-49

New Orleans - At the recent annual metting of delegates of the National Health Council, New York City, Dr. Albert W. Dent, president of Dillard University, was elected a member of the board of directors to serve a three-year term, 1949-50-51. Norfolk, Va.

Others elected along with Dr. Dent include such renowned health authorities as Dr. Ira V. Hiscock of the Yale University School of Medicine, Dr. Hugh H. Leavell of Harvard University School of Medicine, Dr. George F. Lull of the American Medical Association, Chicago, and Basil O'Connor of the National Foundation for Infantile Paralysis, New York.

The Dillard University president was a member of a United States delegation to the First World Health Assembly in Geneva, Switzerland, last Summer and is director of the National Organization for Public Health Nursing as well as a member of the Federal Hospital Council of the United States Public Health Service and an executive committee member of the National Tuberculosis Assocication. Sat. 4-30-49

19 1949

21,000 PRACTICING IN U. S.

Midwifery Declines; State Has Only 1,500

The baby-delivering midwives are a vanishing tribe.

Slightly more than 20 percent of Georgia's babies were delivered by midwives in 1947, as compared with 35 to 40 percent just a few years ago, according to Dr. Guy V. Rice, Director of Maternal and Child Health for the State of Georgia.

Georgia now has approximately 1,500 practicing midwives, and if they continue to decrease as they have, there will be very few left within the next 10 years, Dr. Rice said.

They have been dropping off about 100 each year for the past few years, he reported.

Of the 85,000 births in Georgia in 1946, 19,000 were attended by midwives. Approximately 17,479 of these were Negro births.

"But Negro births attended by midwives have also decreased since then," Dr. Rice said, "because many of the Negroes got into the habit of going to hospitals during the war."

Other factors which have contributed to the decline are the sharp reduction in the number of midwives permitted to practice, expansion and improvement of hospital facilities, better training and higher skill of physicians in obstetrics, the increased preference of the American people for hospital confinement and their ability to meet the hospital expense.

National figures prepared by the Metropolitan Life Insurance Company reveal there are about 21,000 midwives practicing in the United States, as compared with some 62,000 a quarter century ago.

At present, less than five percent of the births in this country are attended by midwives, this report said. Of the 178,000 babies delivered by midwives in 1947, 128,000 of these were to nonwhite mothers in 11 Southern States, the Insurance Company states.

Economic Status Of Negro Listed As Prime Factor

Daily World
Atlanta Ga.
Jne. 6-28-49
National Health

Insurance Bill Urged By NAACP

An appalling shortage of medical care among American Negroes was disclosed this week in a report issued by the Committee on Research in Medical Economics. It concluded that the quickest way to make progress in solving the problem, which affects the white as well as the Negro population, is through national health insurance.

The report, drafted jointly by Michael M. Davis, Ph. D., chairman of the Committee on Research in Medical Economics, and Hugh M. Smythe, Ph. D., Assistant Director of Special Research, National Association for the Advancement of Colored People, found four major contributing factors in the problem of Negro health. They were:

1. Inability of Negroes, with their low income status, to pay for medical care on the usual fee-for-service basis.

2. The shortage and maldistribution of physicians, dentists, nurses and hospitals.

3. Lack of health education to permit Negroes to utilize available personnel and facilities to best advantage.

4. Racial discrimination, which aggravates all the other factors.

In order to solve the problem of Negro health, the report said, progress must be made on all four of these fronts. But it pointed out that points two, three and four involve long range programs and can not be accomplished overnight. On the other hand, it said the first factor — the economic factor — can be dealt with promptly and on a large scale through national health insurance.

Summarizing the problem of Negro health, the report said:

"The Negro is poorer, less well-fed and housed, more crowded and ignorant than the general population. He needs more health services, not less. He is entitled to these services as a human being. Furthermore, it is in the interest of the general welfare that his health be safeguarded, lest it pull down that of his neighbors. Discrimination harms not only Negroes but the community and the nation also."

POOR FACILITIES

"Yet through the nation, the plight of Negro health is disheartening. Without doctors, hospitals, or rudimentary knowledge of the fundamentals of safeguarding health in many areas; with few doctors and poor facilities in others, his infant mortality, tuberculosis, and syphilis rates soar high above the national average. The Negro death rate is still more than sixty per cent higher than the white death rate. In the past fifty years, the Negro death rate has dropped from 33 to 14 per thousand, yet even today the average Negro life span is ten years less than that of whites."

Jne. 6-28-49

The report presented a mass of income statistics to emphasize the Negro's problem of paying for medical care. These statistics show, it said, that most Negroes not only cannot pay for adequate medical care on a fee-for-service basis, but "they often cannot bear the expense of even inadequate care, in view of the high cost of privately financed medical services today."

The section of the report on the shortage of personnel and facilities for Negroes presented some amazing statistics. It showed that in Mississippi there is only one-half a hospital bed for every 1,000 Negroes in the State; while there are 2.3 hospital beds for each 1,000 white citizens. In 1942, there was only one Negro physician in this country for every 3,377 Negroes, while for the population as a whole there was a doctor for every 750 citizens.

"The gloomy picture of the status of Negro physicians would be less disheartening," the report said, "if the chasm between the Negro and the white ratios could be closed by accelerated education of additional physicians. Unfortunately however, since only three per cent of current graduating classes in medical schools are Negro, the gap is widening. To close it, Negro students would certainly have to exceed the ratio of Negroes to the general population; this would mean quadrupling present enrollments."

ILLITERATE PLIGHT

Lack of health education among Negroes contributes to their problem, the report said, adding: "The poor, uneducated Negro has little or no knowledge of what services are in operation or of what procedure he should follow to avail himself of them. Further, whites frequently administer clinics and other health services in such a way as to deter Negroes from using them. Many whites have no conception of the dangers to the general public if discrimination deprives Negro citizens of adequate health facilities and personnel."

Discrimination is one of the major problems of Negro health, according to the report. As one example, the report cited the State of North Carolina, one of the more progressive Southern States, where in 1945 Negroes constituted 30 per cent of the population but had available to them only 19 per cent of the hospital beds. In this connection, the report said:

"With hospital facilities limited, it is criminal for beds to be held vacant only because the patients needing them are Negro and not white. Since infections respect no color line, whites endanger their own health in keeping Negroes away from centers where disease might be cured."

PREJUDICE RAMPANT

The report said the "most deplorable aspect" of the discrimination situation is that "prejudice and shortages go hand in hand." The poorest communities are the most prejudiced, and insist upon wasting limited funds in setting up duplicating facilities. Discrimination extends not only to patients, but to professional personnel. Hospitals sorely in need of doctors and nurses refuse to employ trained Negroes.

Summarizing, the report concluded:

"Viewing the problems of health service as a whole, the basic need of the Negro is the same as the need of the great majority of the American people; namely, a way of paying for medical care that does not subject the sick person to the burdens of unpredictable costs or to the stigmas of charity. Charity is necessary for those who have no income or whose income is extremely low and unstable, and this must, in the main, be public charity supported by local, state and federal taxation.

Jne. 6-28-49

"But the bulk of the American people, Negro and white, do not want charity. They do want purchasing power for medical care which can be created through the principle of insurance, entitling people to medical service as a right when they require it, and ensuring doctors and hospitals of payment when they have rendered service. A national insurance plan is necessary in order to equalize the differences between the states and localities and in order to expedite the removal of race discrimination against Negro patients and physicians, which aggravate gravely all the problems of medical service to Negroes in the United States."

NEGRO SEEN DENIED EVEN SKIMPY CARE

The Times
Private Medical Treatment Held Too Costly, National Health Plan Favored

p. 29
New York Jne. 6-28-49

A research organization that made a study of Negro health looking toward a program of national health insurance reported yesterday that low economic status would prevent "even inadequate care in view of the high cost of privately financed medical services today."

Jne. 6-28-49

The conclusion was reached by the Committee for the Nation's Health of Washington in a report released here. The report was drafted by Michael M. Davis of the Committee on Research in Medical Economics and Hugh H. Smythe, former assistant director of special research for the National Association for the Advancement of Colored People.

Other factors that prevent adequate medical care for Negroes are "the shortage and maldistribution of physicians, dentists, nurses and hospitals," a lack of health education to use available personnel and facilities to the best advantage, and "racial discrimination, which aggravates all other factors." The report read further:

"The Negro is poorer, less well-fed and housed, more crowded and ignorant than the general population. He needs more health services, not less. Furthermore, it is in the interest of the general welfare that his health be safeguarded."

Negro Life Span Shorter

Noting that the Negro death rate had dropped from thirty-three to fourteen a thousand in the last fifty years, the committee asserted, "yet even today the average Negro life span is ten years less than that of whites."

The committee also reported a shortage of hospital beds, especially in Mississippi, where "there is only one hospital bed for each 2,000 Negroes against 2.3 beds for each 1,000 white persons."

In North Carolina, "one of the most progressive Southern states," where the Negro population is about 30 per cent of the total, the committee said Negroes had access to about 19 per cent of hospital beds.

Jne. 6-28-49

Declaring that the rate of training of future Negro physicians was "gloomy," the report found that only 3 per cent of the current graduating classes in approved medical schools were Negroes. The committee reported there was one Negro physician for each 3,377 Negro citizens as against one white physician for each 750 persons of the combined white and Negro population.

The committee found that "the poor, uneducated Negro had not been helped by clinical care in proportion to need."

The committee also argued that a national insurance plan was necessary "to equalize the differences between the states and localities," and to lessen the effects of racial discrimination."

19 1949

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Negro Listed

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National Health

Insurance Bill

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The report presented a mass of income statistics to emphasize the Negro's problem of paying for medical care. These statistics show, it said, that most Negroes not only cannot pay for adequate medical care on a fee-for-service basis, but "they often cannot bear the expense of even inadequate care, in view of the high cost of privately financed medical services today."

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Discrimination is one of the major problems of Negro health, according to the report. As one example, the report cited the State of North Carolina, one of the more progressive Southern States, where in 1945 Negroes constituted 30 per cent of the population but had available to them only 19 per cent of the hospital beds. In this connection, the report said:

"With hospital facilities limited it is criminal for beds to be held vacant only because the patients needing them are Negro and not white. Since infections respect no color line, whites endanger their own health in keeping Negroes away from centers where disease might be cured."

PREJUDICE RAMPANT

The report said the "most deplorable aspect" of the discrimination situation is that "prejudice and shortages go hand in hand." The poorest communities are the most prejudiced, and insist upon wasting limited funds in setting up duplicating facilities. Discrimination extends not only to patients but to professional personnel. Hospitals sorely in need of doctors and nurses refuse to employ trained Negroes.

Summarizing, the report concluded:

"Viewing the problems of health service as a whole, the basic need of the Negro is the same as the need of the great majority of the American people; namely, a way of paying for medical care that does not subject the sick person to the burdens of unpredictable costs or to the stigmas of charity. Charity is necessary for those who have no income or whose income is extremely low and unstable, and this must, in the main, be public charity supported by local, state and federal taxation.

"But the bulk of the American people, Negro and white, do not want charity. They do want purchasing power for medical care which can be created through the principle of insurance, entitling people to medical service as a right when they require it, and ensuring doctors and hospitals of payment when they have rendered service. A national insurance plan is necessary in order to equalize the differences between the states and localities and in order to expedite the removal of race discrimination against Negro patients and physicians, which aggravate gravely all the problems of medical service to Negroes in the United States."

National Health Insurance Bill
Daily World
Atlanta, Ga.
June. 6-28-49

GOLD CUP FOR GOOD TEETH

Students at Julia C. Frazier Elementary School won a gold cup for making the most progress in dental care last year of any Negro school in Dallas. By the end of the year, 57 per cent of the students who needed dental work had visited the dentist. The year before, the school scored 35 per cent. Alma Jewel Gray accepted the cup Friday from Dr. E. H. Browne, president of the Dallas County Negro Dental Association, which makes the annual award.

BROOKLYN DENTIST HELPING MUSICIANS

Dr. W. N. Beekman, 70, Is Head of Bureau—Pioneer in Negro Education in This State

By GEORGE STREATOR

Dr. Walter N. Beekman, Brooklyn dentist and "dean" of Negro professional men in that community yesterday attributed his progress to proficiency in several fields, including music and pharmacy.

Dr. Beekman has practiced at 780 Fulton Street, Brooklyn, since Feb. 5, 1903. He said that his graduation from the New York Dental School in 1902 with a medal for scholarship opened the doors of other state dental institutions to Negro youths. The school later was merged with College of Dental and Oral Surgery of Columbia University.

Dr. Beekman came to New York in 1898 from Charleston, S. C., where he had received a degree from the Avery Normal Institute, founded by the American Missionary Association.

His father, a carpenter and cabinet-maker, already had moved to Brooklyn. The family, living on Adelphi Street, near Fulton Street, included Mrs. Beekman, three daughters and a younger son. Dr. Beekman related that for ten years after his father's death in 1917 unknowing customers returned for cabinet work.

46 Years in Practice

The doctor said that his dental patients in forty-six years had included police officials, business men and political leaders. The neighborhood has undergone many changes, with a present trend toward revival of Fulton Street as a business artery.

Seventy years old last November, Dr. Beekman shortened his working hours, coming in for "special" patients and to guide a young assistant.

The doctor studied music while a boy in Charleston. Finding racial barriers to his career in New York as a pharmacist's assistant, he followed music to further an education in dentistry. The young man became organist for the Concord and the Bethany Baptist Churches in the old Bridge Street area of Brooklyn and later for the St. Augustine Protestant Episcopal Church under the late Dr. George Frazier Miller, rector, also from Charleston.

As president for seventeen years of a concert bureau in Brooklyn, Dr. Beekman has promoted the work of Negro and white musicians as an inspiration to young persons and as a cultural influence in the community. He has been a sponsor of monthly band concerts at the Alexander Hamilton High School.

Avoids the South

Although Dr. Beekman has gone to Brazil on one occasion, he has not been in any part of this country south of Washington since 1903. He said that he was "determined to stay out of the South as long as the separation of races is the rule."

Years ago he took up deep sea fishing as a hobby, going on excursions with many persons of both races who are prominent in Brooklyn life.

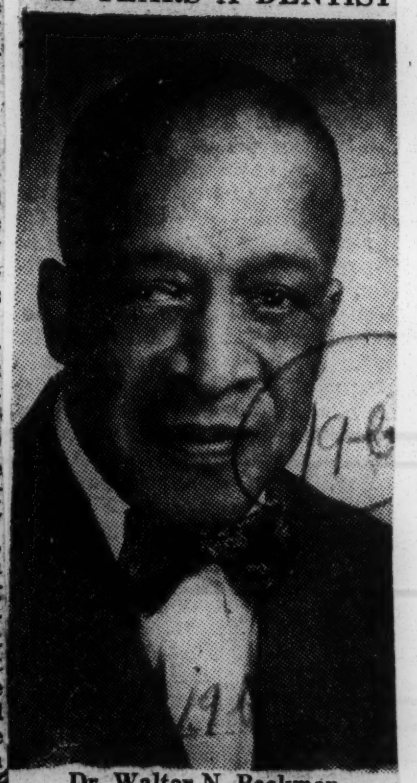
In politics Dr. Beekman has been a Republican. In 1944 he was appointed by Governor Dewey to the State Committee on Discrimination in Employment, later replaced by the State Commission Against Discrimination.

The dentist is also president of the New York African Society for Mutual Aid, Inc., organized by Negroes in 1787 and chartered by a special act of the Legislature in 1810.

Dr. Beekman has two daughters, both housewives. A son, Emile McKeever Beekman, is a civilian consultant chemical engineer and lecturer on plastics to the Army Signal Corps.

The doctor's first wife, Eva McKinley Beekman, died in 1932. Subsequently he married Miss Mary R. Martin. They live at 170 Jerome Street, Brooklyn.

42 YEARS A DENTIST



Dr. Walter N. Beekman

Dr. John A. Turner Made Dental Board Diplomate

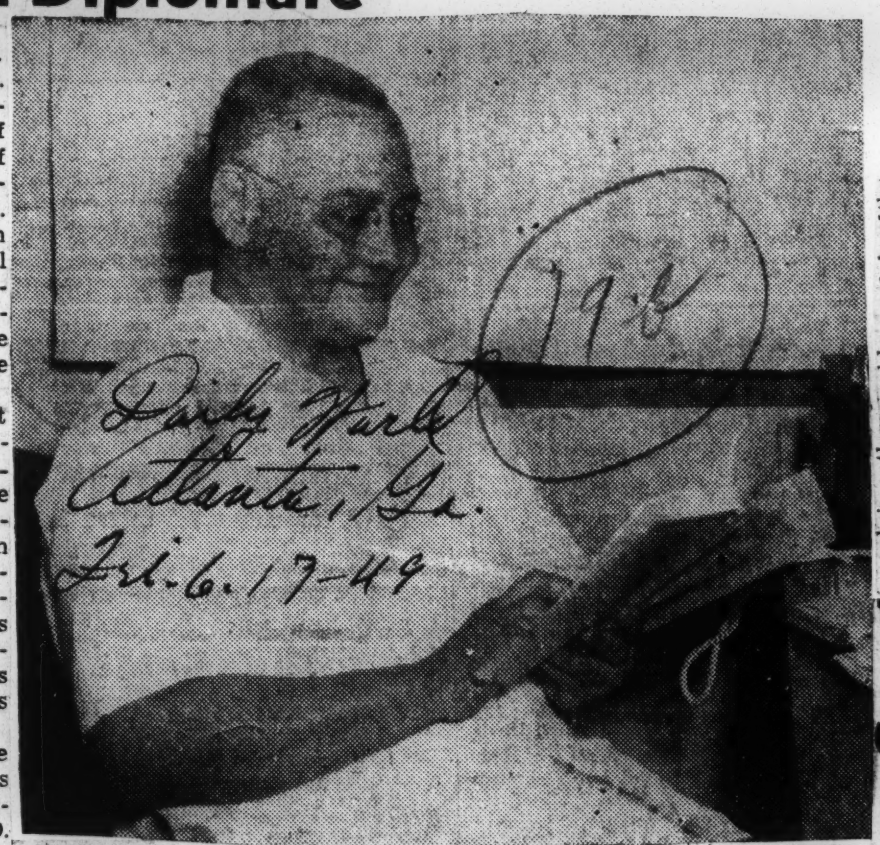
WASHINGTON, D. C. — Dr. John A. Turner, Washington, D. C., professor and head of department of oral surgery, college of dentistry, Howard University, chief of division of oral surgery, Freedmen's Hospital, Washington, D. C. and the chairman of the section on oral surgery of the National Dental Association, has been certified as a diplomate of the American Board of Oral Surgery at the examinations in Chicago, Ill., the first part of April.

Dr. Turner becomes the first faculty member of any of our institutions to qualify for this specialty. The qualifications include over 15 written case history reports of oral surgery, along with an oral examination given by members of the American Board of Surgery and covering X-ray diagnosis surgical anatomy and hospital procedures, clinical diagnosis of tumors and the many various techniques of surgery.

Dr. Turner is a graduate of the D. C. public schools and began his college studies at Wayne University, received his B. S. and D. D. S. degrees from Howard University, served his dental interneship at Freedmen's Hospital and received M. A. degree from New York University. along with a graduate diploma in oral surgery from Columbia University, school of oral surgery.

He is a member of the Phi Beta Sigma and Chi Delta Mu Fraternities and also a charter member of Pi Pi Chapter of the National Scholarship Dental Fraternity, Omicron Kappa Upsilon.

He is married to the former Lois Pair and the father of two children little Lois and John, Jr.



AUTHORS TEXT ON HYPNOTIC DENTISTRY—Dr. Andrew E. McDonald, prominent New Orleans dentist, visiting lecturer in Psychosomatics and Hypnotism at Meharry Dental College, Nashville, Tenn., and former dentist to the Louisiana State Hospital is the author of the first book on a dental subject by a Negro, "Psychosomatics and Hynoptism in Denistry," which is just off the press. This book is also the first written by any American on the specific theme of psychosomatics in denistry.

Senate Passes Liberal Bill On Health Aid

WASHINGTON—Federal aid to states in making more adequate provisions for the health of school children was provided for in a bill which passed the Senate last week.

Important features of the bill include:

Provision for the same health services for public school children of minority races as for those of the majority group.

This federal aid will go to each of the states composing the U. S., the District of Columbia, Alaska, Hawaii, Puerto Rico, the Canal Zone, American Samoa, the Virgin Islands and Guam.

It declares, in order that no American child shall come to adult life with physical or mental defects or conditions which can be prevented or corrected at an early age, it shall be national policy to provide assistance to the several states to enable them to improve health services for school children for the prevention, diagnosis, and treatment of physical and mental defects and conditions of school children, with special reference to the correction of defects or conditions likely to interfere with the normal growth and development and educational progress of children."

One Bed Per 2,000 Negroes Good Argument For U. S. Health Plan

NEW YORK—There is no justification for race discrimination, especially when the health of a nation is jeopardized. That this evil plays a tremendous role in the lack of health service for Negroes was concluded recently by the Committee on Research in Medical Economics. It was further concluded that in Mississippi, the state with the largest proportionate Negro population, there are 0.5 beds per

in solving the problem of health, which affects the white as well as the Negro population, is through national health insurance.

A report drafted jointly by Michael M. Davis, Ph.D., chairman, and Hugh H. Smythe, Ph.D., assistant director of Special Research (NAACP), revealed that in

1,000 Negroes. The whites have 2.3 beds per 1,000.

It was pointed out that for each 3,377 Negro citizens there is but one physician as against one physician for each 750 whites.

The proposed national health insurance program would bring all persons, regardless of race or creed, within its benefits relieving the high cost of medical service that so many cannot bear.

According to the report, "the basic need of the Negro is a way of paying for medical care that does not subject the sick person to the burdens of unpredictable cost or to the stigmas of charity."

This program would do just that. It calls for one and one-half per cent of employees' earnings and the same amount paid by employers, based on incomes up to $4,800 yearly.

The report pointed up the fact that state action on compulsory health insurance "would do least for the Negro in the very states where he most needs it" because action would begin in the wealthier states.

Four major contributing factors in the problem of Negro health were listed.

1. Inability of Negroes, with their low-income status to pay for medical care on the usual fee for service basis.
2. The shortage and maldistribution of physicians, dentists, nurses and hospitals.
3. Lack of health education to permit Negroes to utilize available personnel and facilities to best advantage.
4. Racial discrimination, which aggravates all the other factors.

Lady Dentist Breaks Down Another Barrier

BIRMINGHAM, Ala.—This Dr. Eugenia L. Mobley, one of the lady dentists in Birmingham, is a barrier-breaker.

As Dental Supervisor of Negro Dental Health of the Jefferson County Health Department, she became the first Negro dentist to hold this position.

She has become the first Negro dentist in Alabama to become a member of the American Association of Public Health Dentists. Her selection to this organization was announced in Washington by Dr. John T. Fulton, AAPHD president. She has been with the Jefferson County Department of Health since 1946.

Dr. Mobley has also been elected to the faculty of the Dental College of Meharry Medical College, Nashville, where she will teach two classes on Saturdays on public dental health subjects. She will travel back and forth from Birmingham to Nashville to teach the class. She becomes the first woman elected to this position.

A graduate of Tennessee College, she received her dental degree from Meharry Dental School and a master's degree in public health from the University of Michigan.

19b 1949

Alabama

Dr. Eugenia L. Mobley Named to Dental Supervisory Post

BIRMINGHAM, Ala. (NNPA) Dr. Eugenia L. Mobley, local woman dentist, has won three "first-to-do-its" in Alabama, in breaking barriers against her race and sex.

As supervisor of Dental Health of the Jefferson County Health Department, she became the first colored dentist to hold this position.

She is the first colored dentist in Alabama to become a member of the American Association of Public Health Dentists. Her selection to this organization was announced in Washington by Dr. John T. Fulton, president of the organization. She has been with the Jefferson County Department of Health since 1946.

On Meharry Staff

Dr. Mobley has been elected to the faculty of the Dental College of Meharry Medical College, Nashville, Tennessee, where she will teach two classes on Saturday in public dental health subjects. She will shuttle between Birmingham and Nashville to teach these classes. She becomes the first woman to hold this position.

In addition, Dr. Mobley is opening an office at 108 4th Avenue south for private practice. She handled publicity for the Alabama Dental Society which meets in annual convention in Birmingham, October 3-5.

She is a graduate of Tennessee State College and received her dental degree from Meharry Dental School and a master's degree in public health from the University of Michigan. She is a member of the National and American Dental Associations. She also is a member of Delta Sigma Theta Sorority.

Alabama Dentists Meet in Bama

BIRMINGHAM, Ala. — Members of the Alabama Dental Society held a three-day, fifteenth annual convention at Masonic Temple Building here Oct. 3-4 and selected Montgomery for the 1950 convention city. The organization has an up-and-down history of thirty years.

It is headed by Dr. A. W. West Jr. of Montgomery. Forty-eight of the fifty-two licensed dentists in Alabama are members of the ADS. There are forty-seven practicing Negro dentists in this state.

The Jefferson County Dental Club of which Dr. W. E. Lacey is the president was host to the state dental convention.

The Ladies Auxiliary, Mrs. A. W. West Sr., of Montgomery, president; the Alabama Dental Assistants Society, headed by Mrs. M. S. Broach; dental hygienists and dental technicians met jointly with the dentists.

A public meeting at Macedonia Baptist Church, pastored by the Rev. Otis J. Jackson, was one of the convention features.

It was addressed by Dr. C. O. Dummett, former Meharry Medical College dean and chief dental services of the Veterans Hospital, Tuskegee, was the headline speaker at this meeting.

800 Negro Pupils Here To Receive Dental Treatment

THE first flourine campaign against dental decay among Negroes has started at St. Jude's School here, the Health Department announced.

Some 800 Negro pupils from all parts of the city will receive four applications of sodium flouride solution at weekly intervals.

(Sodium flouride solution is regarded as a germ decay-preventing product.)

"This method of preventing dental caries, or tooth decay, has been used with great success in other states," said Dr. Leo L. House, director of the State's dental health division.

The campaign at St. Jude, like the program under way among white children in various parts of the state, is a joint project of the U. S. Public Health Service and state and county health departments.

After completing their stay in Montgomery, programs will be started among Negro children in Anniston and Athens.

Only students in the first to sixth grades are eligible and they must have their parent's approval.

NEW OKLA. DENTIST — Dr. Vivian T. Dowell, graduate of Howard University's dental school, is the first colored woman to practice dentistry in the State of Oklahoma. She has opened offices in Oklahoma City and is the daughter of Mr. and Mrs. A. M. Tompkins of Choctaw.

County Tuberculosis Sanatorium 'Shot Through' With Prejudice

The News Hospitals Columbus, Ohio

By RUSSELL JACKSON
Sat. 1-29-49

The Franklin County Tuberculosis Hospital is "shot through" with racial segregation, The NEWS learned this week.

The hospital management, under fire as a result of an investigation by The NEWS of conditions at the tax-supported institution, has herded Negro patients into such an inadequate amount of space that conditions have reached unsanitary proportions.

A NEWS reporter, who visited the hospital on Saturday, was informed that a report reaching this newspaper to the effect that "space which is supposed to be assigned to Negro women is being taken over by white patients" is true. 1-29-49

That statement was vigorously denied by Dr. W. L. Potts, medical superintendent at the hospital, who informed The NEWS that, "There are no less beds for Negroes than for whites."

* * *

DESPITE DR. POTTS' denial of previously reported conditions at the hospital, a NEWS reporter found: 1-29-49

That one ward is reserved exclusively for Negro women.

That Negro women and men are all confined to the second floor of the hospital with the exception of a few who are in the surgical ward on the third floor.

That during last spring some Negro nurses aides were fired and replaced by whites. The white aides left after a short period, however, and Negro women were again hired in that capacity.

It was learned, also, that on the second floor Negro women are confined to the north side of a "dividng line," indicated by an information desk, while white women patients are located south of the desk.
Sat-1-29-49

THE REPORTER WAS also informed that Negro women have been removed entirely from private rooms in the north sector of the second floor. These rooms are now occupied by white patients.

Dr. Potts informed the reporter that the switching of Negro patients into wards occupied by both women and men was effected because the area has not been occupied "for months and months."

Several patients at the hospital informed the reporter that Dr. Potts "isn't telling the truth." There "never has been a vacant room" in the section referred to, the reporter was told, unless a patient died. 1-29-49

Another gripe expressed by the patients to whom the reporter talked was that Room 246 on the second floor in the south section of the building is unsanitary. Whenever it rains the roof and walls leak and the area becomes damp, The NEWS learned. No effort has been made to repair the damage responsible for the situation, the reporter was told.

* * *

AN EX-EMPLOYEE at the hospital, interviewed last week-end, confirmed most of the information the reporter obtained from the patients.

The former worker declared that there is "still plenty of space for proper accommodations for Negro patients," providing the management changes its policy of "extreme, unhealthy segregation."

The patients have been moved around so much in the past few months that the whole place is segregated," the former employe declared. 19c

"Very few" weeks pass in which five or six white patients aren't admitted to the hospital, the reporter learned, although Negroes are admitted only "now and then."

It was also learned that although accommodations are provided for white workers who wish to remain at the hospital after working hours, no such arrangements are made for Negro workers.

Race Prejudice Seen In Nurse-Aide Firings

The Ohio State News, Columbus, Ohio

Sat. 1-29-49

Dismissal of all Negro nurses aides at White Cross Hospital was being investigated this week by the Columbus NAACP branch and other prominent citizens of the community.

The unprecedented move against Negro employes at the Methodist-supported hospital was said to have been instigated by William Bashford Richardson, hospital superintendent.

Sat. 1-29-49

A committee of six well known Columbus civic leaders, four Negroes and two whites, last Friday interviewed Richardson concerning the incident. Richardson declared that his reason for dismissing the $20 a week Negro employes was that "they have been guilty of thievery and sex violations" at the hospital.

When asked to elaborate on his accusations Richardson toned down somewhat and refused to go into detail concerning the grave charges.

* * * 19c

THE FIRING OF the Negro nurses aides came as a complete surprise to the employes involved.

They were called into a meeting Monday of last week and informed by the superintendent of nurses aides at White Cross, Mrs. Laura Cabe, that they had been fired and would have a week in which to find other employment.

Sat. 1-29-49

According to the story given the nurses aides, the hospital board of trustees had "decided they didn't want any more Negroes." Included on the board of the Methodist institution are several of Columbus' most prominent civic and religious leaders.

In an interview with one of the dismissed employes, Lillian Gaines, 480 St. Clair Ave., The NEWS was told that there "had been no trouble between the Negro workers and either patients or staff members at the hospital.

Miss Gaines, an employe for the past two and a half months at White Cross, declared that Richardson stated "there will be no more Negro nurses aides at the hospital under his regime.

THE NEWS LEARNED from a reliable source that considerable pressure is expected to be brought to bear on Richardson, who reportedly has been the administrative head of White Cross for less than a year.

Sat. 1-29-49

At least one leading Columbus Methodist church leader has already expressed his opposition to the wholesale firing of the Negro nurses aides.

The NEWS could not verify the report at edition time, but a reporter investigating the story was informed by a reliable source that the White Cross board of trustees includes "some of the most reactionary citizens in the city of Columbus."

On Monday of this week, several of the dismissed nurses aides were slated to confer with Leonard L. Holland, executive secretary of the Columbus NAACP, concerning the matter.

"We (the NAACP) will decide on our future course after we have talked with the dismissed employes," Holland told The NEWS on Monday.

* * * 19c

MISS GAINES, the employe who reported the affair to The NEWS, was met with an additional rebuff following her dismissal from White Cross.

According to Miss Gaines, she attempted to secure employment at Grant Hospital after being fired at White Cross.

Sat. 1-29-49

"I was told by a member of the Grant staff that I was too dark to obtain a position there," Miss Gaines stated.

Dr. Lowell Wormley, noted surgeon, has been added to the staff of Phoenix Hospital at Phoenix, Ariz. ... Detroit's Parkside Hospital on Jan. 9 will open its new nurses' home to all, regardless of race, color or creed, in accordance with the wishes of the late Fred M. Butzel, Detroit philanthropist.

Medical Society Asks Action For New Negro Hospital Here

The Bluff City Medical Society has called on Mayor Overton to initiate action for a new negro hospital, for which a $751,000 bond issue was authorized by Memphis and Shelby County voters two years ago.

The plea was taken to the Mayor by Dr. A. L. Johnson, president of the society. Dr. Johnson pointed out that although the city-owned site has been chosen and plans drawn for the new hospital, the bonds have never been issued.

"Memphis is in sore need of a first class negro hospital supported by the public," Dr. Johnson said. "We have no facilities for negro interns, no accredited negro nurses' training school, no negro hospital with a regular staff and no program to improve general public health for negroes.

"Shelby County has only 39 negro doctors, and many are really too old to practice. Yet there is nothing in Memphis to attract young negro interns who could be trained here and at the same time make invaluable contributions to our public health."

Vote Was Decisive

On March 27, 1947, Memphians voted 19,397 to 888 in favor of issuing $413,000 in bonds as the city's share of expense in building the hospital. County voters approved their share, $338,000, by a vote of 20,090 to 967.

The $751,000 was to be used for construction of a 125-bed, five-story hospital at the southeast corner of Dunlap and Jefferson, with a three-story nurses' home capable of accommodating 46 trainees. The bond issue makes no provision for maintaining the proposed hospital, city officials pointed out.

At that time, the city revealed that about 70 per cent of the patients cared for at John Gaston Hospital were negroes. John Gaston however, is completely staffed and directed by white physicians and nurses.

"Negro doctors can't take patients to John Gaston," Dr. Johnson pointed out. "It's true that we may take patients into private negro hospitals, but those hospitals do not have resident staffs, and they lack the facilities necessary to public health improvements. For example, things are becoming increasingly worse in maternity cases and care for the newborn. That's one of the reasons our mortality rate is so high. The negro's health in Memphis can be improved by a public-supported hospital for negroes."

Tulsa Physician Here

In Memphis, at the request of the Bluff City Medical Society, is Dr. William B. Perry, negro physician of Tulsa, who was assigned to the Memphis and Shelby County Health Department during the war ... the United States Public Health Service. He is serving temporarily as a consultant to the medical society on its hospital and public health needs.

"About 10 per cent of the country's entire negro population lives within 100 miles of Memphis," Dr. Perry pointed out. "Facilities for negroes, however, are inadequate for that many persons. This new hospital would by no means replace John Gaston, but it would take much of the load off John Gaston. It also would attract future negro doctors and nurses by affording them a place to train and practice."

Both physicians agreed that white doctors should supervise the standards of the new hospital.

FACILITY FOR NEGROES HAS STATE APPROVAL

Bids To Be Asked For Beds At Tubercular Sanatorium

OTHER DECISIONS REACHED

By KENNETH TOLER
From The Commercial Appeal Jackson, Mississippi, Bureau

JACKSON, Miss., Feb. 10.—Acceptance of bids for construction of a 154-bed facility for negroes at the State Tubercular Satatorium, and a new home for Supt. Henry Boswell, Thursday was authorized by the State Building Commission. The estimated cost will be $1,875,000.

Dr. Boswell said bids will be called for in about a month, as final plans must be approved by the Federal agency furnishing part of the funds. The project is under the Mississippi Commission on hospital Care, headed byb J. O. Slaughter of Columbus.

White Alabama Priest Behind Project For A Negro Hospital

By The Associated Press

MONTGOMERY, Ala., April 30.—There's no room in Father Purcell's heart for racial prejudice.

Four years ago he scraped up $400,000 and started building a high school for negroes here. The doors opened 18 months ago for 1150 students.

Now the kindly white Catholic priest has started something else. Bids will be opened June 1 on a 158-bed negro hospital at the Rev. Harold Purcell's famed City of St. Jude.

The cost is estimated at $1,500,000 and two-thirds of it will come from donations Father Purcell has received from all parts of the Nation. Uncle Sam will put the other $500,000 under the Hill-Burton Act.

The hospital will be called the Catherine McNamara Memorial in honor of the late Mrs. Catherine McNamara of Rapid City, S. D. Her daughter, Mary, gave the first contribution.

Designed As Finest

Father Purcell wants it to be one of the finest institutions of its kind in the country, and he's designed it that way. The equipment will be the most modern medical science knows about. Eighteen sisters of the Holy Family of Nazareth will operate the hospital, which will be built in the shape of a cross.

And although the patients will be negroes, white doctors will be on the staff, too.

The hospital is the fourth major project in Father Purcell's long-range planning for his noted "city."

Financed by donations that included thousands of nickels, dimes and quarters as well as larger contributions, the priest began his high school in 1945.

Inflation, shortages of material and soaring wages threatened to push the cost above his $400,000 goal, but Father Purcell watched his pennies so closely that he even counted bricks and nails as they went into the building.

School Cost $400,000

And when it was finished, the school cost $400,000.

Formerly editor of the Catholic publication "The Sign," the priest came here in the 1930's from New York, penniless but with a vision. He set up his first mission and clinic of St. Jude in a small building and went to work getting up funds.

In four years he had borrowed, begged and "worried" up enough to buy the present 40-acre site of the "city."

Penny by penny, he built a social center and clinic. Then came the beautiful Church of St. Jude with its bell tower and sky-blue roof.

Even now, at 65, Father Purcell is "just getting started. There are still so many things to do," he said.

NEGRO HOSPITAL PLANNED

Baptist Group Votes For 150-Bed Building At Hot Springs

NASHVILLE, Feb. 17 —(AP)— The National Baptist Convention, Inc., Thursday voted to establish a 150-bed hospital for negroes at Hot Springs, Ark.

Convention officials also said a bath house and a nurse training school will be operated in connection with the hospital.

The action came near the end of the negro church organization's two-day meeting here.

RANKIN PROTESTS CANCELLATION OF BUILDING TWO VETS HOSPITALS

By NNPA News Service

Washington, D. C.- Representative John E. Rankin, Democrat, of Mississippi, last Thursday served notice on the House that he is going to insist on construction of two veterans hospitals in Mississippi which the Veterans Administration ordered cancelled.

One of the Hospitals to which Mr. Rankin referred was to be built in the all colored town of Mound Bayou, and the other in Mr. Rankin's home town of Tupelo.

Construction of an all-colored hospital was bitterly fought by serveral organizations, including the National Medical Association, the National Association of Colored Graduate Nurses, the National Association for the Advancement of Colored People, and the Negro Newspaper Publishers Association.

After Congress authorized the construction of such a hospital in the Alabama-Mississippi area the Federal Board of Hospitals recommended its location in Mound Bayou, and President Truman approved the recommendation. Its erection, however was halted when Mr. Truman directed the Administrator of Veterans Affairs not to proceed with the construction of certain hospitals.

Mr. Rankin told the House that land had been purchased for the two proposed hospitals in Mississippi and the contracts were about to be let when the progam was stopped.

"You never hear anyone on this floor saying anything for the Negroes in this country unless it is for political purposes," Mr. Rankin said, "but you are hearing now one man who is not talking for political purposes.

"We had provided

for the construction of this Negro veterans' hospital at Mound Bayou, Mississippi. There is not a white peron living in Mound Bayou.

"The land on which the town was built was given to those Negroes by the brother of Jefferson Davis, Joe Davis. They have their own doctors, they have their won officials, and there is one Negro doctor who had a clinic which is getting along fairly well.

"We have seen this experiment carried out at Tuskegee, Ala. I know what I am talking about. The Negroes in the hospital at Tuskegee, Ala. all get along better than they do where they have been crowded into white hospitals in either the northern or southern states.

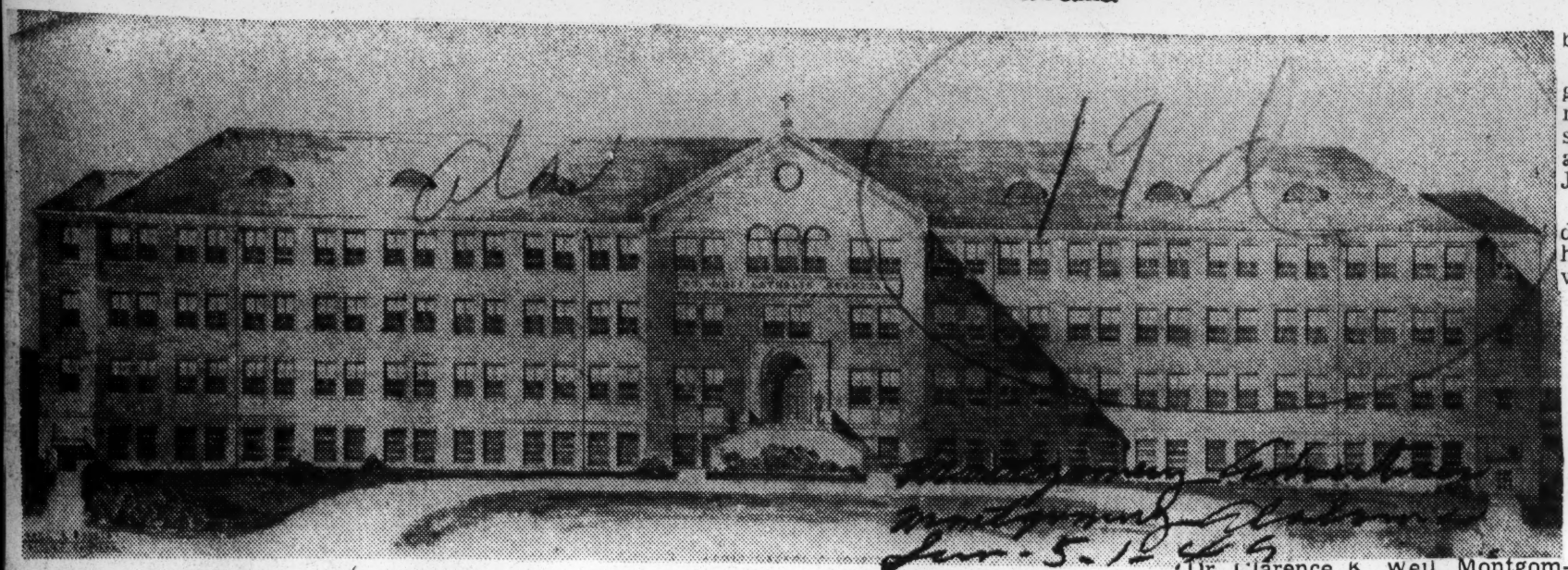
"The building of this Negro hospital at Mound Bayou would be a great advantage to the Negroes of that section of the country. It would enable them to show what they can do for each other, and at the same time it would add greatly to the peaceful relations that now exist throughout that part of the country between the whites and the Negroes."

Texas Negro hospital has only nun-doctor in U. S.

AUSTIN, Tex. — Only nun-doctor in the United States is Sister Celine Heitzman, Mother Superior of Holy Cross Hospital for Negroes here, and resident physician at the hospital.

Sister Celine is not the only American nun qualified as a medical doctor, but she is the only one not assigned to a foreign mission. Specialist in obstetrics and pediatrics, she delivered 170 babies at Holy Cross last year.

Holy Cross is operated by 8 nuns; white and Negro physicians serve on its staff.



ARCHITECT'S DRAWING OF $1,500,000 HOSPITAL which is to be erected at the City of St. Jude, Fairview Avenue, this year. This will be the fourth major project for the benefit of Negroes, of Father Harold Purcell. The others were a $400,000 high school, a social center and the Church of St. Jude. Bids on the hospital are to be received June 1.

$1,500,000 Negro Hospital To Rise Here; Father Purcell To Realize Another Dream

By BURNS BENNETT
Journal City Editor

Father Harold Purcell dreams on the installment plan . . . . and one by one he makes his dreams come true.

Bids are to be received June 1 on a 158-bed, $1,500,000 hospital for Negroes at the City of St. Jude near here.

September, one year ago, Father Purcell's new $400,000 St. Jude High School had been put into use by some 1,150 Negro students. Before that, there had been St. Jude's Social Center, and the beautiful Church of St. Jude, all in Romanesque-style, on Highway 31, just outside the Montgomery city limits.

U. S. Public Health officials say the new structure will be among the nation's finer small hospitals. It will be called the "Catherine McNamara Memorial," after the late Mrs. McMamara, of Rapid City, S. D. Her daughter, Miss Mary McNamara gave the first contribution for the project.

The $1,500,000 cost includes the equipment.

Plans call for a 22-bassinet nursery, 14 maternity beds, three four-bed wards, six private rooms, 108 private and semi-private rooms and 18 beds for pediatrics.

Federal Aid

It will be built under terms of the Hill-Burton act, with $500,000 of the money to come from the government. Building time has been set at nine months to one year.

The red brick structure with limestone trim and red tile roof will include a French (ground floor) basement and three floors.

On the ground floor will be an emergency operating room, the main kitchen, laundry, employe's lockers, pharmacy, morgue with autopsy room, heating plant and general storage.

An out-patient clinic, administration offices, reception room, pediatrics department, and nursing rooms will be on the first floor.

On the second floor will be maternity and obstetrical suites—with two delivery rooms—and nursing rooms.

Four major operating rooms and one minor operating room, along with a fracture room, cystoscopic room, two eye, ear, nose and throat operating rooms, a dental operating room, and a temporary chapel will be on the third floor.

Air Conditioned

The most modern of hospital innovations will be included throughout. The operating suites, delivery rooms, nursery and emergency operating suites will be air-conditioned, Father Purcell said.

Eighteen sisters of the Holy Family of Nazareth, with headquarters in Rome and Chicago, will operate the hospital. Both white and Negro physicians will be on the St. Jude staff.

From above, the hospital building will form a cross. The crossbar, which looks out on the Mobile highway, will be 240 feet long and 44-feet wide. The trunk of the "T" will be 253 feet long and 44 feet wide.

It is the fourth major project in Purcell's long-range planning for the litle "city" which has received publicity in national magazine and newspaper articles.

Four years ago, Padre Purcell, former editor of the Catholic publication, "The Sign," began his $400,000 school building. Through inflation, shortages, and soaring wages, he stuck to that figure. He personally counted almost every brick and nail in the structure with its 22 classrooms and elaborate equipment. And he did it for $400,000.

Plans Hospital

The building was just completed when Father Purcell, with the inspiration and approbation of the Most Rev. T. J. Toolen, DD, Diocese of Mobile, began planning his hospital.

What he wanted was a hospital that "it'd be a pleasure to be sick in."

That's just what the plans (25 pounds of them) call for. They were drawn up by Architect Joseph C. Maschi and Consulting Engineer Michael L. Mascia, both of Montgomery.

One note of sadness has entered the picture for Father Purcell, though. It's the absence of Dr. Clarence K. Weil, Montgomery physician who died last year. He was one of St. Jude's "dearest friends and staunchest supporters."

"Dr. Weil contributed more to St. Jude than could ever be totaled in dollars and cents," Purcell explains.

Purcell said also that untiring assistance had been given by State Health Officer Dr. D. G. Gill, and Health Department Staff Members O. H. Wallace and H. F. Singleton.

Although the first spade has yet to be turned at the hospital, Father Purcell is already looking ahead. He's planning wings to the new structure for treatment of spastics, crippled and afflicted children, a nurses' training school, and a home for the sisters who will operate the hospital.

"I'll beg wherever I can to get the money," Purcell adds. The manner in which "The Beggar of St. Jude" makes the statement convinces you that he will.

Man Of Vision

Most people here are familiar with Father Purcell's story. They knew that he came penniless but with a vision to Montgomery. He set up the first mission and clinic of St. Jude, in a former house of prostitution.

Four years later he had borrowed, begged, and "worried" up funds to purchase the 40-acre present site of the City of St. Jude.

Penny-by-penny he built St. Jude's social center and clinic. Then came the colorful church of St. Jude, completed in 1938 with its belltower and sky-blue roof.

Meanwhile, as a side project, Father Purcell has underway a $50,000 expansion program at Marbury, Ala., where the Incentian Sisters of Charity from Perryville, Pa., now operate a small home for aged and incurably ill Negroes. When work is completed, capacity of the institution will be raised to 36.

At 65, Father Purcell is "just getting started. There are still so many things to do . . . " For instance mention the possibility of a Negro college at the City of St. Jude.

He doesn't say yes. And he doesn't say no. But the light in his eyes leave little doubt that it will eventually become a reality.

Drive Starts For Funds For All-Negro Hospital

Birmingham will have an all-Negro hospital.

Plans to raise money for this community need are being laid by Donald Comer, chairman, and Louis Pizitz, co-chairman of a drive to raise money for the hospital.

It will be the city's first. And it will be the only hospital in Jefferson County where Negro doctors may attend their patients.

Mr. Comer, chairman of the board of Avondale Mills of Alabama, and Mr. Pizitz, founder of Pizitz Dry Goods Company, were named yesterday to lead the drive for $150,000.

* * *

THE LEADERS were introduced to the steering committee by John Parks Newsome, business man and former congressman from this district. Mr. Newsome has been working for a Negro hospital for the past several years.

Mr. Newsome told the committee that he is prepared to continue working on the project until it is in operation.

The drive will start next January. Already on hand is $100,000.

The other $500,000 of the cost of the $750,000 hospital will come from the federal government, under provisions of the Hill-Burton act. Alabama's senior Sen. Lister Hill is co-author of the measure.

* * *

OTHER OFFICERS of the drive, also named yesterday, are:

Walter Henley, treasurer; Clarence Boggan, executive director, and George Huddleston, Jr., secretary.

The hospital will be built in Ensley. The Catholic Sisters of Charity of Nazareth will operate it.

Mr. Newsome said high professional standards will be maintained. It will not be a charity hospital.

First unit will be a 60-bed institution. It will be so designed that two 70-bed wings can be added as they are needed.

Mr. Newsome expressed the hope that it will have 1,000 beds within 10 to 15 years.

* * *

NEWSOME POINTED out that the drive must be all-inclusive. "It must include Catholics, Protestants and Jews because it is a community need."

Birmingham's Negro population is approximately 45 per cent of the total.

Members of the steering committee are Clarence Lloyd, Al S. Lucas, Jr., William E. Smith, Hugh N. Starnes, W. N. Chambers, Tom Birdsong, Miles S. Lee, E. M. Friend, Jr., Jack Wherry, Val Freeman, Watts Davis and Herman Dean, Jr.

19d 1949

Mental Patients Afro-American Fare Well in Ala.

Baltimore 1949 Afro-American

1 Attendant for Each 11; Facilities Termed Good

BIRMINGHAM—(ANP) — Although Alabama and other Southern States are noted for their biased and inequality of treatment, according to colored persons, Alabama stands out as an exception in one phase—the care of the mentally ill.

Though facilities are separate, there is no discrimination in provisions made for the patients, and the care given both races is good.

Alabama has two mental hospitals, Searcy at Mount Vernon in Mobile County, and Bryce, for whites.

Pat. 8-13-49

Searcy occupies 35 acres of land, and is enclosed by a long brick wall averaging 16 feet in height and two feet thick.

The land was once the site of the Mount Vernon Barracks military reservation, and the hospital was named after Dr. James T. Searcy, white, then superintendent of state hospitals. Prior to that, colored patients had been kept at Bryce.

1 Attendant for 11 Patients

The hospital has 1,854 patients, 836 of whom are men. Some are housed in old structures which were built in the days of the Army barracks. However, the buildings, most of which are now being renovated, are well constructed and in good condition.

Several new buildings were put up, including two large dormitories, two receiving buildings, a kitchen-storeroom - dining room building.

There is one attendant at the hospital to about every 11 patients. Most of the male patients are employed in 20 different occupations on the farm, dairy grounds, in the kitchen, dining room, wards or as woodchoppers.

About a third of the women work, mostly in the kitchen, vegetable room, dining room, sewing room, and laundry or in the wards.

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Red Cross Rejects Mixed Blood Gift

WASHINGTON — (ANP) — The District Red Cross refused an offer of blood by the Interchurch Fellowship of Washington here last week because the fellowship stipulated that the gift be accepted on a non-segregated basis. The organization consists of American Indians, Catholics, Negroes, Chinese-Americans and Asiatic Indians.

Making the offer was Glenn D. Everett, vice president. Nat C. Wilson, local Red Cross manager, was said to have declined acceptance.

Later, however, a Red Cross spokesman said the offer was turned down because of a requirement that the blood be segregated to give both doctor and patients the opportunity of choice.

Segregated Blood

As one who donated blood to the Red Cross blood banks several times during the late war, I read with considerable disgust the February 23 account of the rejection of non-segregated blood (offered by the Interchurch Fellowship of Washington) by the District Red Cross. Such an attitude by representatives of this generally worthy organization made a mockery of Brotherhood Week and gives another black eye to the Nation's capital as far as world opinion is concerned.

The stated reason for the rejection was that acceptance would interfere with free choice by both patients and doctors. In view of the findings of science that human blood is not distinguishable as to race or religion, we must be a people of irrational nincompoops to maintain such fantastic fears as are implied here. THOMAS P. MOORE.

Alexandria.

Segregation of Plasma Grounds for Campus Bar

Brand as 'Snake Oil Spiel' Argument That Separation Aids Research on Racial Ills'

PHILADELPHIA

Climaxing a heated session, last week, the Student Senate at Temple University barred campus solicitation of blood by the Red Cross because the agency segregated blood according to race.

In voting to ban the Red Cross Bloodmobile from the campus, Thursday, the Senate turned down a recommendation made by the Assembly, another student organization, which heard a Red Cross representative discuss the agencys policy on donated blood.

Barrett's Argument Specious

Gordon Barrett, assistant center director, Philadelphia Regional Blood Center, admitted to the Assembly that blood is typed according to race and labelled, but held that this information was helpful in medical research related to diseases common to racial groups.

He said that blood was not segregated in the Philadelphia area, but that in Washington and the South the practice was followed, because "southern medical boards and hospitals demand it."

Barrett added that the Red Cross had no desire to segregate blood. "We feel, however, that since blood is needed so badly such intolerance must be overlooked," he added.

Commenting on Barrett's talk, one member of the senate said that the appeal of the Red Cross representative sounded like "the spiel of a medicine man peddling snake oil."

Close Vote on Motion

The Senate passed the motion banning blood solicitiation, 11 to 10.

The Temple University News official publication of the school, in an editorial pointed out that it did not like the segregation policy and that the Red Cross should attempt to "Alleviate the ridiculous prejudices that exist concerning racial and national origin."

The news felt, however, that the students could offer blood to the Red Cross without being party to segregation.

The suggestion was that the Bloodmobile be permitted on the campus with the stipulation that students would fill out cards concerning racial origin. A motion to this effect was defeated by the Senate.

Why a "Jim Crow" Hospital

A "Jim Crow" hospital project of very doubtful origin is now in process of being organized according to reliable sources, who also declare that the project does not have the endorsement of the legitimate leaders of our community.

We further understand that the sponsors of this project are out to defeat the very purposes for which we stand, in that they are advocating the securing of federal funds to finance a "jim crow" hospital. From our vantage point . . . the proposition closely resembles something we exposed some time ago as an outright subterfuge to hoodwink the gullible mass.

Our paramount reason for denouncing this purported segregated medical plan is not only because it totally lacks the proper community endorsement, but also because it would defeat in principle and practice all of the rights for which our people are constantly fighting.

One of the most important of these rights is the right a colored citizen has to enter a hospital of his own choice, and according to the needs of his special case, without distinction as to race. A segregated hospital—even under the cloak of "inter-racial" would most certainly defeat this principle.

We recognize full well that hospitals for minorities do exist in the Bay area, like Mt. Zion Hospital, the French Hospital and a Chinese hospital. But these worthy institutions came into being through wholehearted endorsement, approval and financial support from the recognized leaders of their group and from the medical profession at large. Philanthropic agencies and others gave these projects their aid, and those concerned with matters of hospital organization and administration were eminently qualified.

Can this be said of the present sponsors of the proposed, new segregated hospital? Without fear of contradiction, we think not?

In the words of the late Al Smith, it is our opinion that this proposed hospital project is just plain "BALONEY . . . no matter how you slice it."

With the encouraging progress our physicians and surgeons have made in the past few years in the established hospitals in this area, our duty to them, ourselves, our children and our children's children, is to fight for complete integration in the established institutions, and not setting up a Georgia or Alabama institution in the City of San Francisco.

'Jim Crow' Hospital Foundation Denounced By Leading Medicos

By DREW THOMAS

The cry of "jim crow" is being echoed throughout San Francisco this week as several practicing physicians raised objection to the HOSPITAL FOUNDATION, an organization sponsored by Wilmer G. Steele, D. G. McMorin, Dr. Robert M. Perlman, and having the backing of several prominent city officials, including Supervisor Court Judge Twain Michelsen. The plan, described by one of its supporters, is "to build a hospital where Negroes and other minorities can feel welcome," was opposed in a public statement issued by Dr. William McKinley Thomas. "The matter of additional hospital beds for all groups in San Francisco and throughout the country is a need well recognized by all well-thinking citizens. To attempt to supply this need through programs under the direction of persons well-qualified by training in the field of medicine and its allied sciences is accepted by all who have the interest of San Francisco at heart."

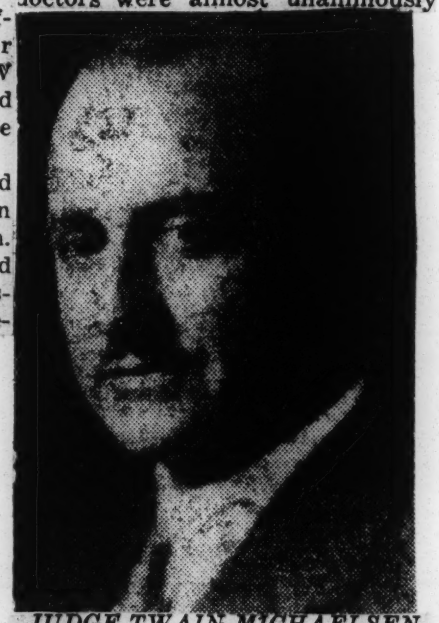
"Any plan promoted by persons other than those well qualified for such planning will not and should not demand the unselfish support of the people of this city. It is my understanding that certain people in the Fillmore area are attempting to start a movement for a JIM CROW hospital in our town. Such a JIM CROW plan is not in keeping with good planning for the future of San Francisco. It is not in keeping with the efforts put forth by the more useful citizens and organizations in this community who have worked to make San Francisco America's most democratic city. There is no city in this country where Negro doctors have been privileged to use approved hospital facilities as we have here in San Francisco. This use has not been a JIM CROW privilege. I feel the good citizens of San Francisco should and will use every force to stifle any effort by planners whatever their motive to establish JIM CROW in any form in our affairs, and especially in the care of the sick."

Two meetings have been held in the past ten days to align Negro doctors behind th plan. One doctor and a dentist who had been reported favoring the hospital vehemently denied this report. Dr. Edward Hambrick and Dr. Daniel A. Collins stated that their attendance to a meeting, called by the sponsors was erroneously interpreted as a pledge of support. Dr. Hambricy commented that he had left Memphis to get away from "'jim crow." Another doctor stated, "the plan has the support of several well-meaning, but misguided citizens. Hospitals are a municipal responsibility and a Negro hospital, or near facsimile, would extend "jim crow" in the area where great progress has been made."

DR. McKINLEY THOMAS

In San Francisco all doctors who are members of the County Medical Society are permitted to attend patients and extended staff courtesy by any approved hospital. Mt. Zion, French, Mary's Help, St. Joseph, and Permanente are among the Bay area hospitals where Negro doctors attend patients.

Judge Twain Michelsen was shocked when he learned Negro doctors were almost unanimously opposed to the plan, and said he would "dismiss the whole idea unless the community was united in its desire to have such an institution."



JUDGE TWAIN MICHAELSEN

19d 1949 D.C.

Mt. Morris Pk. Hospital Assumes Voluntary Status

The Afro. Washington D.C.
Jan. 7-16-49

A charter granting voluntary status to Mount Morris Park Hospital has been issued by the New York State Department of Social Welfare, according to Dr. Cech Marquez, president of the institution. Mount Morris Park Hospital thus becomes the first medical institution founded by Negroes to receive this recognition.

The fifty-bed institution at 121st St. and Mount Morris Park West, Manhattan, has been operating since November, 1948 under the direction of a 27-man Medical Board headed by Dr. Neville C. Whiteman, a certified specialist, and including Drs. Robert S. Wilkinson, James C. Whitaker, George D. Thorne, Myra Logan, John C. Lord, Cyril H. Dolly, Richard Carey, Albert Armstrong, Norman H. Pritchard, Vaughan C. Mason, Eustace Bruyning, Malvin Proctor, V. McKinley, John Randolph, Thomas Walters, S. Aubrey Gittens, A. George Daly, Harold Edgehill, Arthur Gray, Walter Winter, Gerald Spencer, Harold Ellis, Roland Gunning and Errol Thompson.

Sat. 7-16-49

As a voluntary institution, control will be passed on to a Lay Board which prior to granting of the charter served in an advisory capacity. Interracial in make-up, this board is under the chairmanship of Attorney Herbert Kaufman. The board of directors will direct hospital policies and administrative procedures. Medical services will remain under the control of the medical board. Voluntary status will enable the hospital to expand its community services as planned to include free ward service and clinics.

19d 1949 D.C.

Over 200 Former Internes Of Freedman's To Meet

WASHINGTON, D. C. — "The National Health Program", an address by Oscar R. Ewing, Federal Security Administrator, will highlight a Founders' Day Dinner at the 27th annual meeting of the Association of Former Internes of Freedmen's Hospital, which will convene at the hospital May 31, June 1 and 2, it was announced this week.

ORGANIZED IN 1919

Organized at the Robert Treat School in Newark, N. J., in August 1919, following World War 1, the dinner will mark the 30th anniversary of the association, and will be held at the gold room of the Dunbar Hotel on the evening of June 1.

FOUNDERS

Founders to be honored are: Dr. W. A. Warfield, Sr., Washington, retired former surgeon-in-chief of the hospital for 35 years, and the association's first president; Dr. E. Clayton Terry, former associate professor of medicine of the Howard University School of Medicine; Dr. L. C. Downing, formerly of the surgical staff of Burrell Memorial Hospital in Roanoke, Va.; and Dr. Peter M. Murray, of the gynecological staffs of Harlem and Suydenham hospitals, New York City, and a member of the board of trustees of Howard University.

Over 200 former internes from 20 states are expected at the 3-day meeting which will include clinics and scientific sessions.

40 RESIDENTS, ASSISTANT RESIDENTS

An innovation will be the formal induction into the organization of the 40 present residents, assistant residents and internes on the staff of Freedman's Hospital.

The meeting will be concluded on June 2 with a business session at an all-day outing at Colton, Md.

Dr. R. Frank Jones, Washington, is chairman of the program committee; Dr. Henry Green, Washington, chairman of entertainment; and Dr. W. A. Warfield, Jr., Washington, the executive secretary of the association.

Dr. Garvin Heads Former Interns

WASHINGTON

Dr. Charles H. Garvin of Cleveland, Ohio, a member of the Howard University board of trustees, was installed as president of the Association of Former Interns of Freedmen's Hospital at the closing session of its 27th annual meeting here, last week.

A former Freedmen's Hospital intern, Dr. Garvin is instructor of urology at Western Reserve Medical School and surgeon to the genito-urinary clinic of Lakeside Hospital in Cleveland, as well as a member of the City of Cleveland Library Board. He was a captain in the U.S. Medical Corps during World War I.

Dr. C. Wendell Freeman, clinical associate professor of dermatology at Howard University School of Medicine and Freedmen's Hospital, Washington, was elected president-elect. Dr. Freeman was a former chairman of program and executive secretary.

Other Officers Elected

Other officers elected were Dr. Charles Cephas, New Brighton, Pa., recording secretary; Dr. Robert S. Jason, Washington, assistant recording secretary; and Dr. L. Greeley Brown, Elizabeth, N.J., treasurer.

Dr. W. A. Warfield Jr., and Dr. R. Frank Jones, both of Washington, are serving a three-year term as executive secretary and chairman of program committee.

19d 1949

Eaton Clinic (North Carolina)

Amazed Citizens View Ultra-Modern Setup First Day

The Courier
Pittsburgh, Pa. Sat. 7-9-49

19d

By A. M. RIVERA Jr.
(Courier Staff Correspondent)

WILMINGTON, N. C.—Citizens of this vivified coastal town, the post-bellum axis of Negro progress in North Carolina, rubbed their eyes in amazement as the new $50,000 ultra-modern Eaton Clinic opened its doors formally to the public last week.

Hundreds of natives, old and young, visited the formal opening last Sunday and many returned for a second look, usually bringing a friend to inspect the building and facilities of what is regarded as one of the finest clinics in the entire Southland.

Owner and director of this completely air conditioned clinic is North Carolina-born Hubert A. Eaton. The youthful surgeon, a graduate of the University of Michigan Medical School, completes six years of medical practice this month.

The building, a two-story construction, is modernistically designed with the clinic located on the ground floor while three partly furnished apartments are to be found on the second floor.

Setting the motif for the appropriately appointed private clinic is a large Caduceus, the symbol of medicine, which is laid in a special design in the asphalt tile floor of the spacious waiting room.

Features which accent the therapeudic environment of the clinic are recessed fluorescent lighting throughout the structure, sound proof ceilings and restful pastel walls.

Sat. 7-9-49

Though Dr. Eaton does not plan to perform major surgery in the clinic, the faculty includes a nurses' station, two treatment rooms, two recovery rooms, X-ray room, operating room, laboratory and drug dispensary.

Dr. Eaton received his B. S. degree from Johnson C. Smith University, Charlotte, N. C., and prior to the study of medicine he was awarded a master's degree in zoology from the University of Michigan.

He began practicing medicine in 1943 and was associated with his father-in-law, Dr. F. F. Burnett, up until Dr. Burnett's death in 1945.

At present, Dr. Eaton is president of the staff of Community Hospital; he is president of the Gamma Lambda Chapter of Alpha Phi Alpha Fraternity; he is president of Cape Fear Medical, Dental and Pharmaceutical Society; he is first vice president of the Old North State Medical Society; he is president of the North Carolina State Tennis Association.

Dr. Eaton is married to the former Celeste Burnett. There are two children in the Eaton home, Hubert and Faustine.

Dr. Eaton is nationally known as a tennis player and he is currently co-holder of the national doubles championship.

The twenty-bed Lincoln Memorial Hospital in Goulds, Fla., is nearing completion. Contributions from interested citizens will pay for building and equipment . . . Work was started last week in Jacksonville, Fla., on a $1,000,000 housing development. Known as Roosevelt Apartments, Inc., the project will be occupied by Negroes.

$100,000 Goes To Famcee Hospital

TALLAHASSEE, Fla. — Payment on construction costs of the new Florida A and M College hospital has just taken a step forward.

On behalf of the city, Mayor Robert Parker gave Norman B. Jordan, Quincy member of the State Board of Control, a check for $100,000 to meet building expenses, it was announced yesterday as acting president H. Manning Efferson looked on.

City auditor-clerk George C. White said: "The payment was made by Tallahassee to assist in providing hospital facilities for the Negroes of the community."

The new hospital is scheduled to be completed in May of 1950 and will open within a couple of months after that date.

Constitution Staff Photo—Floyd Jillson

FIRST PATIENT IN NEW HOSPITAL WING—Dr. F. Earl McLendon, founder and director of the McLendon Medical Clinic, uses the examining room in the new surgical wing for the first time to check Carolyn's heart. The wing will be open for public inspection today.

The Health Picture In Georgia

Although the health picture in Georgia is bad, there are occasional flashes of light which give us hope for the future.

From over in Carrollton comes such a flash of light. Citizens gathered Sunday to dedicate the Negro unit of the New Tanner Memorial Hospital, an imposing $500,000 structure built under the Hill-Burton Act.

Carrollton Citizens, Negro and white, are to be congratulated for cooperating to raise funds for the construction of the building. This is encouraging in more than one way. Indeed, he who would seek help must at least be willing to help himself.

Cooperation of this type between all the citizens, working with the federal government, is a virtual necessity if Georgia's lamentable health situation is to improve. Carrollton points a way out for a Georgia which today has "half as many doctors per person as the national average, half as many hospital beds per person as the national average and less than half as many nurses per person as the average in our sister states."

The lone bright spot is in the area of treatment of tuberculosis where the death rate per 100,000 people has decreased from 50.3 to 33.5. Even this is counterbalanced by the depressing facts that 59 Georgia counties have no hospital facilities, public or private; that there are only 126 Negro doctors in private practice and that 14 counties have only one doctor!

These figures point up misery and pain which constrains us to agree with Dr. H. H. Anderson of Atlanta who asserted on dedicating the Carrollton structure:

"Freedom from pain is the most desired freedom of all and one that every citizen regardless of color is entitled to every moment of his life."

Figures cited above prove the utter folly of opponents of federal health aid, the utter selfishness of people who deny the federal government the right to invest in human lives.

Federal and state aid are needed on all fronts to correct our woefully lacking health facilities. If statistics cited above are indicative of the state of the total Georgia population, then they are doubly true of the plight of Negroes who traditionally "get the worst of everything."

We heartily recommend to the state of Georgia a plan comparable to one now in effect in the state of Mississippi where Negroes who agree to practice in the state for a stated number of years are financed through medical school.

We also recommend joint action by citizens, the state and the federal government to correct the blights on our health picture. All over Georgia there is fertile ground for the blossoming of projects like the successful one at Carrollton.

Negroes Settle Hospital Row

MARIETTA—Rifts among members of the Cobb County Negro Hospital Board on the subject of hospital management had apparently been settled here yesterday after a three-hour meeting of more than 60 members of the organization.

The Rev. L. R. Edwards, chairman of the Hospital Board, was given a vote of confidence. The Negro group, determined to keep hospital control within the Negro race, agreed to contribute money enough to dispose of immediate deficit. Provision was also made for funds to cover expenses until a long-range plan can be adopted Jan. 2

New Ga. Hospital Won't Jim Crow. White Physicians

The Baltimore American Md.

ATLANTA — When the proposed $1,500,000 private hospital is completed, white doctors will be permitted to practice there as well as colored doctors, Hughes Spalding, chairman of the Fulton-DeKalb Hospital Authority, has announced. 1-15-49

The 100-bed hospital has been planned for the colored citizens whose earnings make them ineligible for charity treatment at the city's Grady Hospital. To date, $500,000 has been raised for it. It is expected to be ready within a year.

Emory Donates Site for New Negro Hospital

The Constitution Atlanta, Ga.

A plot valued at an estimated $100,000 has been deeded by Emory University as site for a private Negro hospital planned for construction by the Fulton-DeKalb County Hospital Authority.

The plot adjoins Grady Memorial Hospital adjacent to the present Negro wards. It fronts 200 feet on Butler Street running back 500 feet to Piedmont Avenue.

"Construction of the hospital will probably start sometime this Fall," Grady Superintendent Frank Wilson said yesterday. Plans are now being drawn and will be ready when funds are available. Sun. 1-23-49

About 100,000 persons will be served by the new structure which will cost about $1,500,000, with funds slated to come from private, State and federal sources. All private physicians of the two counties will be permitted to practice there. The hospital will also serve to train young Negro doctors.

Dr. Hackney Lauds Negro Clinic Here

Constitution

By MARJORY SMITH

"Germs don't know the difference in race!"

An Atlanta Negro leader said that back in June, 1944, when the Atlanta Urban League, Community Chest organization for the betterment of conditions among Negroes, decided to turn its sights against disease among its own people.

Atlanta, Ga.

Next Sunday the West Side Health Center—a direct result of that decision—will celebrate its fifth anniversary. Sun. 6-12-49

"And we're extremely pleased with the progress of this all-Negro unit of the City Health Department," Dr. James F. Hackney, City Health Officer, declared yesterday. "Workers here have exceeded all expectations!"

The Center at 186 Sunset Ave., N. W., began as a venereal disease clinic but is gradually expanding toward general medical services to Negroes of the West side.

In September, 1945, a program of tuberculosis control was inaugurated, and when ringworm reached epidemic proportions here last February, clinic visits and treatments of 450 ringworm patients resulted in bringing the disease down to official "nonepidemic" rates.

"We're especially proud of our new prenatal clinic and dental school care program, launched early this year," Dr. W. N. Harper, Acting Director of the Center, said.

"Our Negro boys and girls had no place to go for dental care before," explained Carrie Lou McCarter, Center nurse and supervisor. "Between March and May of this year, we corrected 625 dental defects in 228 children. We hold dental clinics twice a week now and hope eventually to hold daily clinics." Sun. 6-12-49

In its five years of operation, the Center has cut down appreciably the rate of syphilis among Atlanta Negroes. More pertinent, Dr. Hackney thinks, Center workers have educated the public in the field of venereal disease.

The Center's prograss in syphilis control is shown graphically in figures on "positive" cases, which have declined steadily, as follows: 1944, 560 cases; 1945, 470 cases; 1946, 413 cases; 1947, 329 cases; 1948, 265 cases. To date this year, only 92 positive cases have been discovered.

The old VD center on Hunter Street lost many Negro patients after the first visit or two. Urban League investigators recommended more clinics and increased use of Negro personnel.

The West Side Health Center's all-Negro staff began with a blood test campaign which included free taxicab rides to and from the Center. Students in Negro junior and senior high schools competed for $50 and $25 war bond prizes in an essay contest on the subject of venereal disease.

Negro VD patients today rarely "drop out" before they are dismissed as cured. The Center has dismissed 3,908 gonorrhea victims and 1,549 persons cured of syphilis.

This first completely Negro-staffed clinic in the state operates on a staggered hours schedule to make its services available to as many West Side Negroes as possible.

DWELLE'S INFIRMARY TO CLOSE

Atlanta Daily World

The announcement of the impending closing of Dwelle Infirmary on April 30 is indeed regrettable. For despite our major medical and surgical advances we are still limited as a racial group in adequate hospitalization and facilities.

It serves no purpose in stating that Dwelle Infirmary filled a definite need in our community. This is attested to by the thousands who have been served there since it came into being back in 1935.

Atlanta Georgian

Dr. Georgia Dwelle recognized the need of cheap, attractive and healthful atmosphere for those indigents of all sexes, who were unable to obtain such requirements at established institutions of medicine, surgery and research. She gave unstintingly of her time, money and labor to fill this need. Ed. - 4-1-49

The closing of Dwelle Infirmary calls only too vividly to the people's attention the need of fuller city, county and federal medical aid and hospitalization for all. We should work with new determination for the passage of legislation which would insure well-being and happiness of too many ailing persons in Fulton County, Georgia and the United States, who suffer from the lack of well-trained medical aides, fully-equipped facilities, and wholesome enviroment for recovery.

It likewise puts the spotlight on the need of facilities for doctors of the Negro group to train, interne and practice. In Fulton county as well as Georgia such places for these basic medical requirements are few and we should strive in honesty, fairness and in haste to secure facilities for the sick, and for doctors' training and practicing.

Dwelle Infirmary only serves to remind us of the numerous surveys and studies made of the tragic plight of Negroes needing hospitalization and surgery. It should give impetus to the movement to secure facilities to serve all the people. The fulfillment of this dream perhaps would be the greatest tribute that Georgia can pay Mrs. Georgia Dwelle Johnson who has served us long and well. Ed. - 4-1-49

Good Medical News for Georgia

Georgia, which is making a desperate struggle to catch up in public health needs, had two items of progress announced in the papers of Sunday.

Constitution, Ga. 6-12-49

One was in public health and one was from Atlanta, where a medical center slowly is taking form.

A long-needed civic asset—a hospital for Negroes where Negro doctors and patients able to pay for care may be served—has been approved for Atlanta as part of the building program which is going up with its center about Grady Hospital. The Fulton-DeKalb Hospital Authority will build, under the Hill-Burton Act, a hospital costing $1,697,000. It will be constructed adjacent to the Negro Charity Wing of Grady Hospital and will serve the needs of the estimated 90.000 Negro citizens who can pay for their medical care. It will take the load off the existing small Negro hospitals, which have done so fine a job, without doing them harm, since it will attract more Negro doctors and make of Atlanta a Negro medical center attracting patients from a wide area. The hospital will contain 116 beds and 33 bassinets.

On the same day, the State Health Department announced that, with Federal funds obtained under the Hill-Burton Act and supplemented by the State and the participating counties, 11 health centers would be established. We congratulate Lamar, Atkinson, Oconee, Clarke, Harris, Wilkinson, Taylor, Bulloch, Spalding, Elbert and Thomas on this progressive step which will be of enormous benefit to their people.

NON-PROFIT ORGANIZATION

Negro Hospital To Open 10-Room Surgical Wing

By KATHERINE BARNWELL

McLendon Medical Clinic, Atlanta's only private, non-profit Negro hospital, will open a 10-room surgical wing today.

The clinic's youthful and enterprising director, Dr. F. Earl McLendon, whose dreams of "adequate medical facilities for Negroes" prompted him to establish the hospital here in 1946, commented:

"The new surgery department will enable us to provide better care for more patients."

The wing, which adjoins the original structure at 1370 Sharon St., S. W., contains an operating room, X-ray room, urological room, examining room, conference room two wards and three private rooms. It will be open for inspection from 5 to 8 p. m.

Bed capacity has been increased to 70 patients. Just three years ago, the hospital could accommodate only 25 patients.

"Atlanta," said Dr. McLendon, "has about 100,000 Negroes who don't qualify for charity at Grady Hospital. . . . These Negroes should have 750 to 1,000 beds. Actually there are less than 200 in the city."

He said the proposed 100-bed Negro wing of Grady Hospital for paying patients would alleviate the situation—but there still would be insufficient hospital beds for Negroes.

Modern in every detail, the new wing is completely equipped with the finest surgical apparatus and, unlike most hospitals, is colorfully decorated.

"We're trying to create a home-like atmosphere," Dr. McLendon explained.

Dr. McLendon pointed out that the operating and conference rooms would be used by both white and Negro doctors who treat Negro patients. He said the hospital had an "open visiting staff" and more than 200 doctors have used its facilities.

Whereas only one tonsillectomy was performed at the hospital the first month after it was opened, 30 to 50 operations are now performed there monthly. About 350 babies are delivered at the hospital every year.

Dr. McLendon, a native of Wilkes County, is a graduate of Morehouse College and Meharry Medical College in Nashville, Tenn. He practiced medicine in Athens for 14 years before moving to Atlanta in 1945.

Because of the low economic status of most Negro patients, Dr. McLendon said he could not charge hospital rates comparable with those of other Atlanta hospitals. Although he says he often doesn't know where the funds are coming from to buy necessary equipment, he has adopted as his motto, "Fight on, fear not, tomorrow comes the song!"

Tanner Hospital Unit for Negroes To Open Today

Constitution State News Service

CARROLLTON—The Negro unit of the new Tanner Memorial Hospital will be dedicated at 3 p. m. here today.

Dr. H. H. Anderson, Jr., of Atlanta, will give the dedicatory address. Other participants on the program will be Roy Richards, Chairman of the Carroll City-County Hospital Authority; Mayor Hubert Griffin, of Carrollton; Dr. D. S. Reese, Chief of Staff; Judge R. D. Tisinger and Stewart Martin board members; Beverly Jones Hospital Administrator; Krogman Mullins, The Rev. L. S. Molette, C. A. Scott, Editor of the Daily World; Dr. S. D. Thomas, Chairman of the Negro unit, and the Rev. A. M. Reeves.

The Negro Young Men's Social Club will be hosts.

The new unit cost approximately $75,000, according to Jones, and includes 11 beds, separate entrance and waiting room, nurses' station, four-bed nursery, examining room and emergency room. It will be ready for occupation Tuesday.

A savings bond will be given to the first Negro baby born in the unit, and the mother will be given free hospitalization, Jones said.

Atlantans Hail New Surgical Wing To McLendon Clinic Here

Atlantans old and young, ministers, housewives, professional men and laborers joined together Sunday in heralding the opening of the new Surgical Wing of the McLendon Medical Clinic on Northwest Sharon Street.

The enthusiastic visitors, estimated at 2,000, acknowledged the beauty and modern efficiency portrayed and were generous in their praise of the progress made in offering increased hospital facilities to Negroes throughout the city and in neighboring communities.

Viewing the modernistic appointments and latest scientific equipment there was a note of pride expressed in the many comments made by the elated throng. Workmen who had assisted in the construction of the building were eager to explain details, nurses were on hand to identify the roms or to explain the use of scientific paraphernalia, and Dr. and Mrs. F. Earl McLendon personally greeted the many friends who called.

INCREASED BED CAPACITY

There are three private rooms and two ward rooms included in this addition to bring the total bed capacity at the hospital to 70. Decorated following the modern trend in design, all feature pastel walls, modernistic furnishings, colorful appointments and draperies. Big windows insure adequate lighting and ventilation.

The spacious lobby has a Nurses' call stand and Doctor's station, both designated in brown leather upholstering. Eliciting much comment was the Conference room-patients' lounge, with its highly buffed birch paneled walls. These comments came, not only for the beauty of the room, but for the double purpose which it will serve. Equipped with a television set and motion picture projection machine, it is expected that patients, doctors and community members alike will share its facilities.

The operating room is done in pale green tile and features big windows of translucent glass and built in cabinets for sterilized items and supplies. There is an adjoining doctor's scrub room. Other space is devoted to an out-patient examining room, X-ray room and diet kitchen.

Dr. McLendon stated on Monday that he was "overwhelmed with the magnanimous response given to the venture, and expressed deep appreciation for the many beautiful floral tributes sent in congratulations and to the people who came to inspect the buildings.

The Surgical Wing and other sections of the hospital may be viewed during the remainder of the week.

McLendon Medical Clinic Opens New Wing; Open House Sept. 25

BY ALICE H. WASHINGTON

Psychologists and medical men have gotten their heads together and come up with the brilliant idea that a big part of the convalescence period following any illness is the patient's reaction to his surroundings.

A sneak preview of the new addition to the McLendon Medical Clinic, being announced as the New Surgical Wing of the hospital and scheduled to open Sunday, September 25, makes one realize that the learned men who came up with this idea knew whereof they spoke.

With this third addition to the Clinic, in as many years, Dr. F. Earl McLendon, the operator, has hit upon one of the most restful color schemes to be found, soft yellow and pale green.

The Chicamauga Street entrance is designated by a striking stone and masonry front to offset the red brick used in construction. The well appointed lobby has desk areas for doctors and nurses, outlined with leather upholstering and embellished with R. N. and M. D. in brass nail heads.

In addition to three-private rooms which have been given the modern trend in decorating, 3 walls painted and one papered in a bright contrasting motif, there are two ward rooms. These have been done in alternating yellow and green, with comfortable modern furnishings. These additions bring the total bed capacity at the Clinic to 70.

Pastel appointments throughout take away the stark white that has so long been associated with hospitals, even the operating room has been given the 1949 look by being done in the palest of green tile and translucent glass. The very latest in equipment will be found in this room which is adjoined by an X-ray room.

BIRCH PANELED LOUNGE

Possibly one of the newest innovations in hospital planning is the inclusion of a patient's lounge. Realizing that the present trend in post-operative care is to get the patient "up and walking," a large portion of the compact wing was used as a lounging room for ambulatory patients, with arrangements being made to bring others in, when possible, to view television programs, see movies, or to relax in the commodious chairs placed throughout.

This room, which will accomodate 75 persons, will be used for a doctors' consultation room and on occasions serve the community by presentation of health movies and similar features.

The birch paneled walls have been buffed to a glow and give a warmness that is also felt in the gay maroon and white floor.

A two-way buzzer system has been installed to insure prompt attention for patients; a panel board giving the room number and a light coming on over the door when service is requested.

Dr. McLendon extends a cordial invitation to Atlantans and residents of neighboring cities to attend the Open House which has been set for Sunday, September 25, from 5 to 8 P. M.

Both Vanderbilt and Meharry Accept Mayor's Proposal

Nashville's Taxpayers Become Responsible For Improving Hospital Service and Promoting Medical Education Here; Five-man Board of Supervisors Named to Put New Plan Into Operation

The welfare of the sick and afflicted appear to have taken precedence over every other consideration in the final settlement of the problem of hospitalization in Nashville and Davidson County, judging by the changes in original plans and the final draft of the contract by which Hubbard Hospital is to become a division of Nashville's General Hospital.

For one thing the original plan to close the ward at General Hospital which has served colored patients so satisfactory in the past was abandoned. Hubbard is to get a total of $255.000, instead of the original $225.000, set forth in the original proposals. This is an increase annually of $30,000 that Hubbard is to receive from the taxpayers of the city and county for its maintenance. The original sum of $72,250 for Vanderbilt Hospital, which is to get a quota of patients, was not changed, it appears. But definitely, it was stated that colored patients will again be treated at Vanderbilt Hospital which is rated one of the greatest hospitals in the country by many well known colored men and women it has served in the past. It was a "dark day" for many of the former patients of Vanderbilt Hospital when it was announced last year that it would be compelled to slop serving colored patients.

The picture of the future in hospital service includes the following and appears to be final as a result of the authorities of the two Medical Colleges having signed the contract:

1. The creation of a five-member Nashville-Davidson County Hospital Authority to carry out the new contract. The members are, Mr. Sam Davis Bell, chairman; Dr. Thomas First, Vanderbilt University; Dr. H. H. Walker, Meharry Medical College; Hon. Lawrence B. Howard, of Davidson County and Mr. George Hearn, representing the citizens-at-large. The members of this authority were selected by the City Hospital Commission.

2. The out-patient service heretofore rendered at General Hispital, will be taken care of at Hubbard and Vanderbilt hospitals. The larger part of it will be taken care of at Hubbard.

3. The new status of Hubbard Hospital, which makes it a division of General Hospital, delegates to Meharry Medical College the duty of furnishing the personnel for Hubbard. Vanderbilt University will furnish the personnel for its own and for General Hospital, as in the past.

4. The opportunities for hospital service to private patients include services being rendered at three hospitals, General, Vanderbilt and Hubbard. The pledge of the City of Nashville, to be concerned with the health of the community and also with the advancement of medical education, is hailed as a boon to patients as well as the medical Colleges. The co-operative effort, it is believed, will result in the cost to the taxpayers for taking core of city patients being less than it would have been under the indefinite arrangement introduced last year.

5. "Passing the hat" to save Hubbard Hospital, which has been a frantic effort for the past two years, has been outmoded by the new arrangements. The "benefactors" of the poor and needy from now on will be the taxpayers of the city and county, including those who receive hospital care. Recognition is given the modern appraisal of the "poor and needy," crediting them, too, with being community assets in that they work, they spend their earnings and keep the wheels of industry turning and from their sweat and toil come the taxes that make it possible to provide government services.

The carrying out of a big program of "self-help" upon the part of Nashville's leadership in civic affairs and in education, appears to give scant thought to what may come to the city in funds to promote the segregated plan of regional education. The hope is that there will be little, if any, change in the statue of Meharry Medical College; that it will continue, as in the past, to serve students from all parts of the nation. The one handicap Meharry was facing was the necessity of financing Hubbard Hospital from funds other than the endowment furnished it by philanthropists. These philanthropists had insisted that this be done, according to report, when it was noted that the college's endowment fund was being used to help finance hospital care for Nashville's citizens.

It is reported that the plan of taking care of Hubbard Hospital and otherwise improving medical service in the city has had the endorsement of many foresighted medical men in the past. But it took the leadership of the city authorities to perfect a plan for doing this. Many of the city's commercial giants" were willing to contiune making Hubbard the beneficary of "drives" and an object of charity. They appeared not to take thought of how deeply they were indebted to Meharry Medical College for the tremendous sums of money the college brought to the city and which was spent to support the business structure of Nashville, as well as give big jobs to Nashville citizens of both races.

The fact that Mayor Cummings moved in to "save the situation" give validity to the claim that the educators and the political leaders are far ahead of the commercial giants in knowledge and inspiration for promoting the social betterment of communities. although they do not unduly boast of their zeal for community betterment as much as the commerical organizations.

Equality of opportunity for all concerned, it appears will come with the inclusion of Hubbard Hospital in the General Hospital's plans for serving the public. All are agreed that the public has heard the last of rumors about Hubbard Hospital closing and about Meharry Medical College moving from Nashville. But it probably took these rumors and the threat of a big financial loss to the city, as well as the bad advertising Nashville was getting, to bring about the results that the city authorities and educational leaders reported last week.

The Old Order Changeth

It is to the credit of Mayor Cummings and his associates in the city administration that they have accepted the teachings of our new social order in the splendid plans they have adopted to save Hubbard Hospital, show greater regard for the health of the people of this community and to do all in their power to promote the progress of medical education in Nashville.

The new social order does not look down upon the poor and needy as liabilities o fa community. As long as the poor and needy work, consume and spend they very definitely are community assets. There is no need for the few who have all that their hearts desire to look down upon the many who struggle to make ends meet from day to day.

There is no need for the few to take undue pride in the fact that they are qualified members of "taxpayers associations." The poor and the needy are taxpayers also and in many instances pay taxes, hidden and other kinds, at a far greater rate of their incomes than do the mort fortunate.

It is impossible to conceive of a prosperous community that would be composed of rich people, only. Somebody must do the hard, back-breaking toil that goes into building and maintaining a community, and it is the poor and needy who perform these necessary tasks.

Sound judgment dictated that long ago the care of the so-called indigents ought to have been made a duty of the taxpaying community. Nashville ought to have "counted its blessings" as represented in the decision of big-hearted philanthropists to build and maintain here great medical schools and hospitals. The community ought not to have expected that the same philanthropists would also take care of the community's workers and taxpayers with free hospitalization and medical care. It was unenlightened to attempt saving Hubbard with charitable donations.

Hubbard Hospital, now to become a division of General Hospital; will still afford Meharry Medical College a fine place for the training of doctors and nurses. But the hospital also becomes a city institution in which many patients are assured the very best care, with the expenses of this treatment met by the taxpayers.

$30,000 TO HUBBARD

Foundation of the plan was considered an acknowledgement on the part of the city that it must continue to assume responsibility for its medical indigents and in addition must cooperate in the further commitments, the board of hospital commissioners this week agreed to accept the city's hospital reorganization plan which will provide funds to rescue Hubbard Hospital for public payment of $255,000 annually to Hubbard Hospital, serving all Negro indigents in the city and county, with the exception of certain private beds at General and an indigent ward to be opened at Vanderbilt Hospital. The city plan simultaneously will provide financial assistance to Vanderbilt Hospital for the care of indigent patients.

Hubbard is to provide 30,000 patient days of ward service annually at $8.50 a day. Vanderbilt will provide 8,500 patient days of ward service at the same subsidy.

Formal approval of the aid pact will come later, but it is certain. Any changes to be made between now and formal acceptance will affect these elements, board members said. Mayor Thomas L. Cummings said.

Minor modifications are to be incorporated into the plan, but its broad principles and recommendations have been accepted in full. The board is to be commended for

The "old wing" for Negroes at

Hospital Center Rescued By Plan

NASHVILLE — The Nashville

General will be discontinued permanently when the contract takes effect.

General's present out-patient department for Negroes will be taken over by Hubbard and Vanderbilt, which will receive a flat payment of $20,000 a year for the operation of this service, agreeing to treat a maximum of 60,000 out-patients annually. The sum will be divided between the two hospitals on a pro rata basis.

FACILITY LACKED CASH

With these funds, Hubbard, financially shaky for more than two years, will be restored to sound economic footing. Vanderbilt, to a lesser degree, will be benefited likewise by the plan.

Unlike the city aid contract provided to Hubbard last year, the new plan guarantees a stated amount of annual aid. The existing contract guarantees nothing and states merely that Negro patients will be sent to Hubbard when feasible.

Another major provision of the new city plan will be the establishment of a central hospital coordinating agency to be known as the Nashville-Davidson county hospital authority.

TO SKIRT FRICTION

The five-member agency is to be set up to eliminate any friction that may arise in operation of the plan and to see to it that needless duplications of service and administrative squabbling are eliminated in providing the best possible program of public assistance to medical needy.

As an aid to facilitating the medical education programs of Meharry Medical College and Vanderbilt's school of medicine, the plan provides that Hubbard shall be staffed by Meharry and that Vanderbilt will provide the professional staff at General.

Consummation of the plan was to become effective Aug. 1, and is almost certain, medical leaders say, to enhance Nashville's position as one of the South's leading medical centers.

The guarantees to Hubbard insure its continuance as a keystone in the South's broad regional program which makes Meharry the regional center for the medical education of Negro youths.

Nine Years of Progress In Our State Hospitals

Courier-Journal
Louisville Ky. mar. 5-2-49

AN EXPERT study of Kentucky's mental hospitals will begin today. An agent of the American Psychiatric Association will come from New York to make the survey, thus insuring an impartial report. It is just what Kentucky needs. The study will tell us how far we have progressed since 1940, when the last outside report was made.

We all know that we have moved a good way in that time. The spirit of the times has changed in the last nine years, and mental illness has become a subject which we can all discuss. That is the beginning of understanding. The fact that mental illness is a common affliction, no more shameful than appendicitis or a broken bone, has made its way into millions of American minds since 1940. Kentucky has had four Governors in a row who have taken an interest in improving our mental hospitals: CHANDLER, JOHNSON, WILLIS, and CLEMENTS.

What we need now is to measure the progress we have made, so as to plan for the future. Physical changes at the State hospitals have been striking, as any casual visitor can see. Lakeland is an example: new wards for white men and women; a new $500,000 unit for Negroes that is a model structure; a cancer clinic; new kitchens and cold storage facilities; additional equipment to make the farm more productive. Similar improvements, though not quite so dramatic, have occurred at the other hospitals.

This is all to the good. It was almost impossible to get doctors, nurses and attendants to work in the dilapidated and gloomy old buildings where for years we had herded the mentally sick people of Kentucky. The new structures completed since 1940 not only make for a more efficient operation. They are psychologically important to both patients and staff. It is hard enough for us to get trained personnel at the salaries we can pay, without asking people to work in the atmosphere of a dungeon.

It is well to remember the old adage, however, that buildings never cured a patient. The new structures represent the necessary first step. Now the time has come for us to put them to the maximum use to produce more cures, to send more patients home. That is the top objective of the whole program. A happy beginning was made at the recent special session of the Legislature, when both Houses joined in overwhelming endorsement of Governor CLEMENTS' proposal for an additional $750,000 for the State hospitals. This money will be used to increase the diet of patients, who have been given bed, board and medical care for the magnificent sum of 97 cents a day. The new fund will also be used to raise the wages of attendants, whom we were hiring for a cash salary of $79 a month. Still more important, it will cut the work day of attendants from a back-breaking 12 hours to a decent eight.

We want to know how all these improvements impress the expert from the American Psychiatric Association. We want to know further how we can use these new facilities for all they are worth to get people out of the hospitals and back to their homes. That is the expensive and the difficult part of the program. It is also the part that human pity must demand, and the part that a sense of economy no less requires. Patients who get well quickly and go home are no longer a burden to the State. Patients who stay in mental hospitals for 30, 40 and 50 years are a tragic dead weight on the backs of Kentucky taxpayers.

New Hospital Plans May Now Go Forward

Courier-Journal
Louisville Ky

ACCORDING to the latest survey, Kentucky has little more than 40 per cent of the number of hospital beds it should have for its population. Only one State in the Union, Connecticut, nearly approaches complete facilities for service. Under the Hospital Survey and Construction Act of 1946 there is a Federal-State program to overcome this great lack.

These notes are given as a background for understanding of the Kentucky Court of Appeals decision that upholds the right of hospitals supported by religious denominations to share in this program. In its reasonable judgment, the court simply held that the principle of church-state separation is not violated. It would have been an utterly unrealistic view if there had been any other conclusion. As the court pointed out, the hospitals themselves are not religious institutions, do not preach, teach or insist upon exclusive creeds, and are designed only for service to sick people.

1A 5-23-49

The point seems plain, but until it was made by the highest legal authority, a cloud of doubt would have remained over many a proposed hospital extension in the State. Now that the cloud is removed, work may go along on new buildings or enlargements for Louisville's Norton Memorial Infirmary, Our Lady of Peace Hospital, Children's Hospital, Red Cross Hospital for Negroes, Methodist-Evangelical Hospital and Jewish Hospital. Seven other hospitals in smaller centers are also cleared for participation.

The Hospital Act of 1946 provided $75,000,000 a year for five years to help build hospitals and public health centers in the United States. Each dollar of this Federal money must be matched by two dollars of State or local money. To help in this matching, the 1948 Kentucky General Assembly appropriated $1,000,000, and it was the request for a share of State money that brought about the test suit. Even this will not be enough to bring Kentucky up to the basic standard, which calls for 4.5 beds in general hospitals, two beds for the chronically ill, five beds for mental patients, for each 1,000 population, and 2.5 beds for tuberculous patients for each average annual death from tuberculosis.

Mon. 5-23-49

This State's great need is hospital beds for its rural population. In this connection the Court of Appeals decision is valuable as a reminder for Kentuckians everywhere that there is a statute and there are appropriations to help them. The main limitation is that the hospitals are not to be run for profit. There are certain practical limitations, as that an ambitious community refrain from setting its sights too high and planning hospitals or clinics too large for its needs. After all, the hospitals, once built, will have to be run by the community or group that builds them. And all the money for building obviously cannot come from the State appropriation and the Federal grant. The sponsors must do a large part of the job themselves. It is because of the wide and effective organization of religious groups that they have become the natural sponsors of hospital projects. The whole hopeful movement might have been impaired if the Court of Appeals had ruled otherwise than that they are eligible.

$307,196 Raised for Hospital Unit

Afro American
Baltimore Md.

LOUISVILLE, Ky. (ANP) — With all the funds not yet counted, the Red Cross Hospital announced last week that it had collected $307,196 in the drives for its new building.

The Federal government is expected to contribute one-third of the cost for the new building which is estimated to cost about $500,000. It is hoped that the Government will contribute about $150,000. J. Edward Hardy was chairman of the drive.

The new building which will be called the Alexander Heyburn Memorial will be a modern four-story structure with a capacity for 60 to 100 beds.

Favored Equal Rights

It is named in honor of the late Mayor Heyburn who worked to help colored citizens achieve their rights.

Sat. 1-1-49

As a member of the board of the Louisville and Jefferson County Children's Home, Mayor Heyburn always insisted that colored and white children have equal accommodations and that teachers of both races have equal salaries.

He was a veteran of both wars. Members of the Heyburn family have taken active interest in Red Cross Hospital for many years. It is the only private hospital for colored patients in Kentucky.

19d 1949

Louisiana

DILLARD U. OCCUPIES TOP SPOT IN NURSING

NEW ORLEANS — (SNS)— An analysis of 1949 school data by the National Committee for the Improvement of Nursing Services, New York City, through its sub-committee on School Data Analysis, indicates that the program of Dillard University puts the institution among the top twenty-five per cent of the nation's basic programs in nursing. Dillard occupies a ranking in Group I of the 1949 Interim Classification of Institutions Offering Basic Programs in Nursing.

Chairman of the Division of Nursing is Dr. Rita E. Miller, professor of nursing, who was brought to Dillard in 1942 by President A. W. Dent. Miss Miller received her piploma from the Mercy Hospital School of Nursing, Philadelphia; certificate in Public Health Nursing from the Pennsylvania School of Social and Health Work; Bachelor of Science and Master of Arts degrees from Columbia University, and she also did post-graduate study at Temple University, Simmons College, and the University of Pennsylvania.

Dillard, the analysis reveals, ranks among the top twenty-five per cent in total basic program, student health, curriculum, clinical facilities and experiences, and qualifications and size of teaching staff.

The classfication, which has been approved by the boards of the si national nursing organizations, i scheduled to be published in th AMERICAN JOURNAL OF NURS ING this fall. It consists of tw groups. Group I includes twenty five per cent of all basic programs— those with the highest nationa standings; and Group II nclude fifty per cent of all basic programs Not included in the classification i another twenty-five per cent of al basic programs—those with the low- est national standings and a few on which data were not received.

The profiles and classificatior were based on the report of the schools to the committee, supplemented by data on educational facilities published by the U. S. Office of Education, and data on hospital facilities published by the American Hospital Association and the American Medical Association.

The nuring curriculum at Dillard embraces four and half calendar years and includes the physical and biological sciences, social sciences, courses.

DR. BONNER FIRST ON HUB HOSPITAL STAFF

BOSTON—Dr. Charles D. Bonner of Baltimore became the first of his race to be appointed to the Boston City Hospital staff. He is a graduate of Boston University Medical School and a veteran of World War II.

19d 1949

NEGROES ARE ASSURED TUBERCULAR FACILITY

The Commercial Appeal
Memphis Tenn.

Contracts Are Approved For Mississippi Project

164 BEDS TO BE HOUSED

Wed. 5-25-49

From The Commercial Appeal
Jackson, Mississippi, Bureau

JACKSON, Miss., May 24—Construction of a 164-bed facility for negro patients at the State Tubercular Sanatorium was assured Tuesday when the State Building Commission approved contracts totaling $1,441,134 for the project.

A total of $1,875,602 had been made available for the facility by the state and Federal Governments, $1,250,000 being set aside at the 1948 legislative session. R. W. Naef of Jackson is architect.

Home Bids Too High

Bids on a proposed home for Dr. Henry Boswell, superintendent, were rejected because they were too high, ranging from $45,820 to $60,000 for the four-bedroom affair.

Dr. Boswell said the new infirmary for negroes will be five stories high. Present facilities for negroes consist of 40 beds.

Flint Brothers Construction Co. of Jackson was awarded the general contract for $848,420, which was $81,580 less than the architect's estimate.

Other Contracts

Other contracts for the building included:

Mechanical, plumbing and heating, M. V. Arledge of Jackson, $324,605; electrical, Power Electric Co. of Jackson, $102,105; kitchen equipment, Westbrook Manufacturing Co. of Jackson, $19,977.

Sterilizing equipment, American Sterilizing Co. of Erie, Pa., $9061; dental equipment, Mississippi Dental Supply Co. of Jackson, $2435; power plant equipment, Skinner Engine Co. of Erie, Pa., $47,440.

Laundry equipment, American Laundry and Machinery Co. of Cincinnati, Ohio, $13,743, and elevators, Westinghouse Elevator Co. of Jersey City, N. J., $23,743.

The commission also approved contracts for $23,542 for repairs to the Natchez Charity Hospital.

New York

INIC IS OPENED T MOUNT MORRIS

New York Times

ro-Supported Hospital Adds Out-Patient Service— Insurance Offered

New York Herald Tribune

New York

The first step in a program for community betterment was taken yesterday with the opening of an out-patient clinic at the Mount Morris Park Hospital, 10 Mount Morris Park West, the only entirely Negro-financed medical institution in New York since the Department of Hospitals assumed control of Sydenham Hospital March 3.

The clinic will be operated on a semi-charitable basis, Dr. S. Augustus Gittens, clinic director, told city officials at a ceremony opening the out-patient service. He stressed that this service was only the first phase of the coordinated community-help program planned by the board of Mount Morris.

The program will be developed in cooperation with city social workers, school and employment authorities, church leaders and private persons interested in the welfare of the Negro population. In an interview, Dr. Gittens said that the Mount Morris projec twas unique in New York. He declared:

"We hope to coordinate all the social agencies of the community so that a patient can get a thorough follow-through on whatever treatment he requires and so that work to remedy deficiencies in his home environment and related fields may be harmonized with actual medical care."

One aspect of the work of the hospital is a plan to provide group employe medical insurance at reduced rates to organizations in the area. Although hospitals have jointly sponsored health insurance plans in the past, this is that first time that a single institution has made available such a coverage to organizations, a hospital spokesman said.

The group coverage plan was started yesterday when thirty taxicab drivers from Jack'c Cab Company, Macombs Place and 155th street, appeared for an examination at the clinic. The cab company was the first organization to reach an agreement with the hospital.

Tues-3-15-49

On behalf of the Commissioner of Hospitals, Dr. Morris A. Jacobs, regional medical superintendent of the Manhattan Department of Hospitals, said:

"I congratulate and commend the members of the staff of this hospital for their fine work. There can be no question but that the opening of the clinic will help serve the entire community by making available therapeutic and diagnostic facilities."

Dr. Cecil Marquez, president of the board of Mount Morris Park Hospital, told the gathering: "In trying to solve our health problems, the Negro physician and the community must assume a much heavier share of the responsibility.

SYDENHAM HOSPITAL

The failure of Sydenham Hospital to raise sufficient funds to continue operation as an interracial voluntary hospital in Harlem should not dampen the enthusiasm of supporters in this city who sought to prove by example that the day of overt discrimination against Negro physicians in the matter of training and a place to practice was drawing to an end. Unhappily this is not so, for the Negro physician in this city is still limited by the very few opportunities open to him for post-graduate training and by the refusal of most private hospitals in this city and elsewhere to place him on their staffs. The problems of Sydenham were also a part of the general crisis faced by all other private hospitals.

With the dwindling of large private philanthropies in this country there is a place of importance for Negro effort to close the breach. One successful interracial voluntary hospital any place in the nation would create interest and chart new paths in race relations. A pooling of efforts can achieve this without the sacrifice of a single prerogative in the fight that Negro organizations are now making against racial segregation and discrimination. As discouraging as the present picture appears, there is still room for a Negro-financed interracial voluntary hospital as big as Sydenham, and it does not have to be in this city, as much as New York would gain from having such a brave venture to show to the world.

A Negro-financed institution that would admit physicians and patients of all races and creeds and maintain standards that would countenance no violations of the codes that dignify the medical profession would be an important pioneer venture. The failure of Sydenham might be the needed stimulus for intelligent self-help which is necessary for every race, creed and color, even when the laws are not weighted against them. It is well worth study.

Will Remain In Charge

Chicago Defender

NEW YORK—The City government has taken over Sydenham Hospital on a 60-day basis while permanent arrangements can be worked out. It will not merge with Harlem Hospital as rumored. Interracial staff, including two Negro department heads will remain.

By LILLIAN SCOTT

(Defender New York Bureau)

NEW YORK—(Exclusive)—The city of New York will definitely take over Sydenham Hospital, the famous interracial institution which is deeply in debt, the Defender learned exclusively here last week.

Following a conference of Sydenham officials, members of the Manhattan Central Medical Society, Mt. Morris Park Hospital officials and others with the Commissioner of Hospitals, came to the decision on at least a temporary basis.

The city's action on the hospital, a 200-bed institution, located in what was once a Jewish neighborhood, thus brought to an end a private experiment in interracial management. Hailed for its bi-racial character, the hospital, until recent months had only 25 Negro physicians out of a total of 238 on the staff. This was gradually increased to 40.

Medical observers here hold that the attempt to maintain an interracial hospital in an all-Negro area has been demonstrated as a false premise. Sydenham was turned over to Negro participation only when the building was rundown, and the neighborhood changed, in order to keep it alive by offering it to white philanthropists and the Negro public as a worthwhile "interracial institution."

Although most superintendents of even much larger hospitals are paid only $7,500 in the city, Sydenham superintendents were paid $15,000 annually. Only one Negro, Dr. Peter Marshall Murray, achieved the status of a department head—that of gynecology and obstetrics—and he served with a co-chief.

Only 6 Negroes a year have been trained as residents, and Sydenham's residency training has not been approved by the American College of Surgeons or the American Board of Surgery, although it has received AMA approval.

The hospital is presently running a daily deficit of $1,000 and has an admitted debt of $200,000, and an additional $30,000 is owed to employees in back pay. The Defender also learned that there is a $600,000 first mortgage on the building. Hospital experts reveal that its equipment is old and outmoded.

Sat-3-12-49

There is considerable speculation as to how the hospital will be managed, whether autonomously or not, but this could not be learned last week.

It was also not clear at week's end whether the complexion of the staff would be maintained or not. However, observers felt it likely that the Negro doctors already on the staff would continue in that capacity. Sydenham Hosptial will not be the city's first interracial institution, as the much larger city-owned Harlem Hospital has long been operated on an interracial basis, although it has no accommodation for private patients.

Mixed Staff

Chicago Defender

CROWDING BURDENS HARLEM HOSPITAL

New York Times

Temporary' Beds Are Placed In Halls and Doorways, but Standards Are High

By GEORGE STREATOR

Harlem Hospital was described by officials yesterday as an institution devoted to high standards despite constant overcrowding which has overtaxed the nurses, the professional staff and the administrative personnel.

The hospital has a rated capacity of 805 patients, but Dr. Louis T. Wright, chairman of the medical board, said yesterday that beds had been provided for 1,102 patients "in halls, doorways and sections not normally used for beds."

"Temporary" extra beds have been in use for several years and are likely to be continued since the areas adjacent to the hospital, at Lenox Avenue between 136th and 137th Streets, have gained an estimated 10,000 people in the past year, he said. Riverton Houses, operated by the Metropolitan Life Insurance Company, and Lincoln Houses, a city-state project, have brought into the Fifth Avenue section 4,000 new family units. In addition, continued migrations into the West Harlem area have added to the burden of the hospital.

Two hundred and fifty thousand patients were cared for in the outpatient clinics last year, with 26,000 admissions to the wards. Forty-five hundred babies were born in the hospital in the year.

The Department of Hospitals has a plan for rebuilding Harlem Hospital by taking in a little over half the area reaching from 136th Street to 135th Street, Lenox to Fifth Avenues. This development is contingent upon the city's proposed $150,000,000, hospital bond issue now before the Legislature. Harlem Hospital will be allotted from $7,000,000 to $10,000,000 for new construction and rehabilitation, Dr. Wright said. The hospital's present operating budget is about $4,000,000.

Has 1,700 Employes

The pressure now placed upon Harlem Hospital will not be taken off before several large city developments are completed under the hospital expansion plan, officials of the Department of Hospitals said. The proposed Metropolitan Hospital Replacement development on Ninety-sixth Street and the East River is expected partly to ease the load on Harlem.

Harlem Hospital has 1,700 employes including 435 graduate nurses, 177 student nurses and 300 practical nurses, most of them Negro. There are ninety physicians on the staff, fifty-four of them internes. Forty-eight of the internes are Negroes.

National medical societies have recognized the hospital in the fields of gnecology, obstretrics, X-ray, pathology, pediatrics and internal medicine. Its four-year graduate course in surgery in cooperation with the Medical School of Columbia University has been approved by the American College of Surgery.

A research project has been approved by the United States Public Health Service, which granted $20,000 for a study of incurable cancer with the aid of new, chemotherapeutic agents.

Maintains Blood Bank

The hospital maintains a blood bank and a department of mental hygiene. An average of 115 calls a day are handled by five ambulances.

The hospital has assigned beds for the rapid treatment of venereal diseases among male patients. There are also two tuberculosis wards which normally care for sixty patients. Only urgent cases are now admitted, the rest being placed on a waiting list with the city TB admission bureau. It has frequently been necessary to place TB cases on beds in the halls, Dr. Wright said.

Pending the completion of new city units, Negro physicians said that the conversion to hospital use of the building now used by the Central Harlem Health Center would help meet the TB problem.

Operation of Sydenham By City Extended 30 Days

Municipal operation of Sydenham Hospital, Harlem interracial institution taken over by the city for sixty days on March 3 following financial difficulties, has been extended thirty days pending negotiations to incorporate it permanently in the city hospital system, it was learned yesterday.

The extension was approved by the Board of Estimate, which originally authorized the City Hospital Department to take control in March to permit continuation of services. "The city agencies involved want a little more time to look into details of acquisition," a representative of the department said. "The whole community seems to be backing city operation."

The 209-bed hospital is located at 123d Street and Manhattan Avenue and was established in 1943 by a private organization as the first completely interracial voluntary hospital in the United States. It had begun a pioneering race relations program, but asked the city to take over after debts totaled $200,000.

'AMBITIONS EXCEEDED MEANS':

New York to Operate Sydenham Hospital

NEW YORK (NNPA)—The City of New York took over the operations of Sydenham Hospital last Thursday. The nation's only voluntary interracial hospital had reported earlier that it was being forced to discontinue operations because of a $350,000 deficit in its operating budget.

Dr. Marcus D. Kogel, commissioner of hospitals for New York City, said the City will operate the hospital for the next 60 days exactly as it is being operated at the present time. He declined to state precisely what would happen after that time.

He said during the 60-day period the city would "explore the feelings" of the community so that whatever final action is taken would represent "the wishes and needs of the community."

Mount Morris Opposition

Both city hospital officials and officials of Sydenham indictated at a press conference that they felt the community would lend its approval to city operation of the hospital.

However, Dr. Kogel revealed that he had written to Mayor William O'Dwyer to the effect that there might be some opposition to such an arrangement from some of Harlem's colored doctors who have an interest in the newly opened Mount Morris Hospital.

The letter stated that at a meeting of Harlem community leaders last Wednesday, the president of the Manhattan Central Medical Society, Dr. John C. Lord, had stated that he felt that "a majority of the members of his organization might be against the continuation of private and semi private facilities at Sydenham because it might bring about the closing of Mount Morris.

Dr. Lord declined to vote on the matter for this reason, although 12 doctors from his organization who attended the meeting voted in favor of such an arrangement.

$1,200,000 Budget

The hospital, located in the heart of Harlem, has a capacity of 209 adult beds and 48 bassinets. It has a mortgage of $600,000 and has operated on an annual budget of $1,200,000

Dr. Kogel said the need for Sydenham is so great that the City has no intentions of dispensing with its services. He pointed out that although the hospital is comparatively small, its outpatient clinic handles the second largest number of cases in the city.

Would Help Harlem Hospital

Further emphasizing the need of the hospital, he pointed out that Harlem Hospital, only a few blocks away, is the most crowded of all the city's hospitals. He said Harlem Hospital is operating at the present time at 140% above its actual capacity.

"In Harlem Hospital," Dr. Kogel said, "we face one of the most desparate cases in our department." He added that the wards of Harlem Hospital are "choked" with maternity cases.

Moreover, he declared, crowded conditions were forcing many persons with tuberculosis to be "walking around" the streets. Sydenham Hospital, he observed, could be filled "within a hour" with tuberculosis patients in Harlem.

"Ambitions Exceed Means"

Accounting for the failure of the hospital, Dr. Harry C. Oppenheimer, president of the Sydenham Board of Directors, said, "Our ambitions exceeded our means."

Stating that the present board of directors had taken over the hospital in December, 1943, as a voluntary interracial project, Dr. Oppenheimer said since that time the hospital has proved that "sickness is color blind."

He went on to point out that the staff of the hospital had been interracial and that all of its facilities had been interracially shared.

City Salary Scale in Force

Dr. Kogel said the present staff of the hospital will be paid same wages as employees in other city hospitals. Asked whether this meant a higher or lower wage, he said it meant a higher wage for the personnel in the lower brackets but a lower wage for persons holding top positions.

Sydenham, it was revealed, had taken on about 40 colored physicians of various levels.

Named for a 17th Century English physician, the hospital managed to remain a private institution in 1946 and 1948 by raising a total of approximately $500,000.

Noted Medic Helps Push Plans For Public Supported Hospital

(1949) Memphis World

Memphis Tenn.

CAMPAIGN BACKED BY BLUFF CITY M. SOCIETY

Dr. W. B. Perry, former director of Wellington Clinic, and presently a prominent practicing physician in Tulsa, Oklahoma, returned to Memphis this week to spear head observance of National Negro Health Week in the Bluff City, and to use the occasion to open an all-out campaign to consummate plans for establishment of a public-supported hospital under administration of a Negro staff.

Numerous conferences have been held by Dr. Perry, and he has been brought before many groups in a spirited discussion of the needs for such a hospital. It was during his stay in Memphis as director of the Wellington Clinic that Dr. Perry became intimately acquainted with the health problems affecting Negro Memphis and the large number of Negro people in the Memphis area.

"We are very glad to see that the Collins Chapel Hospital project is about to materialize and this will be a great help," Dr. Perry stated. "Yet there must be a hospital financially backed by public funds which will enable our physicians to get the benefits of advanced training and to keep themselves abreast of the latest developments.

Dr. Perry came to Memphis at the invitation of the Bluff City Medical Society of which Dr. A. L. Johnson is president. He addressed the society Tuesday morning and was given assurance that its members would push with all their influence and finances to get the hospital established.

Over two years ago, there was floated a bond to build such a hospital. The then Mayor Walter Chandler sent two officials of the Memphis-Shelby County Health Department to St. Louis, Mo., to study the setup and operation of Homer G. Phillips Hospital for Negroes. Until he went out of office Mr. Chandler manifested personal interest in the proposed hospital but very little has been done since he returned to private life over a year ago.

11-4-8-49

Voters of Memphis and Shelby County overwhelmingly approved the issuance of a bond with which to finance the hospital for Negroes but this has been as far as the project has gone. The hospital bond was approved by a total of 17,000 votes against a minimum number of 888 votes against it. This was over two years ago.

Negro physicians cannot practice at John Gaston Hospital, although more than eighty-fve percent of the patients there are Negroes. Some of the beds at John Gaston are being used for private patients who are able to pay. This means that charity patients who cannot pay are being deprived of bed space at the hospital. And in view of lack of adequate finance such patients often fail to get any hospital services.

Officials refuse to start the hospital project because construction cost increased about 70 percent after the bond was voted on," it was stated. The project was to include both a hospital and a nurses nome.

Both Drs. Johnson and Perry said that the Negro maternal death rate is about three times that of whites because Negro mothers do not get adequate care. "We just don't have the facilities of medical science to adequately care for these prospective mothers," they stated.

Establishment of the hospital and nurses home would also attract more physicians and nurses to Memphis which is the center of an area where over a million Negroes live, Dr. Perry said. There are only about thirty-five Negro physicians in Memphis to take care of a population of nearly 200,000 Negroes in this community. "There should be a minimum of 75 Negro physicians here," Dr. Perry said.

Dr. Perry said that he plans to work as closely with local people as his time in Tulsa will permit. He spoke at Metropolitan Baptist Church Sunday afternoon of this week, and has made a series of whirlwind visits with small groups. He iso ygoa

DR. W. P. PERRY

Hospital Aid Jim Crow Continues

Memphis World
Memphis Tenn.

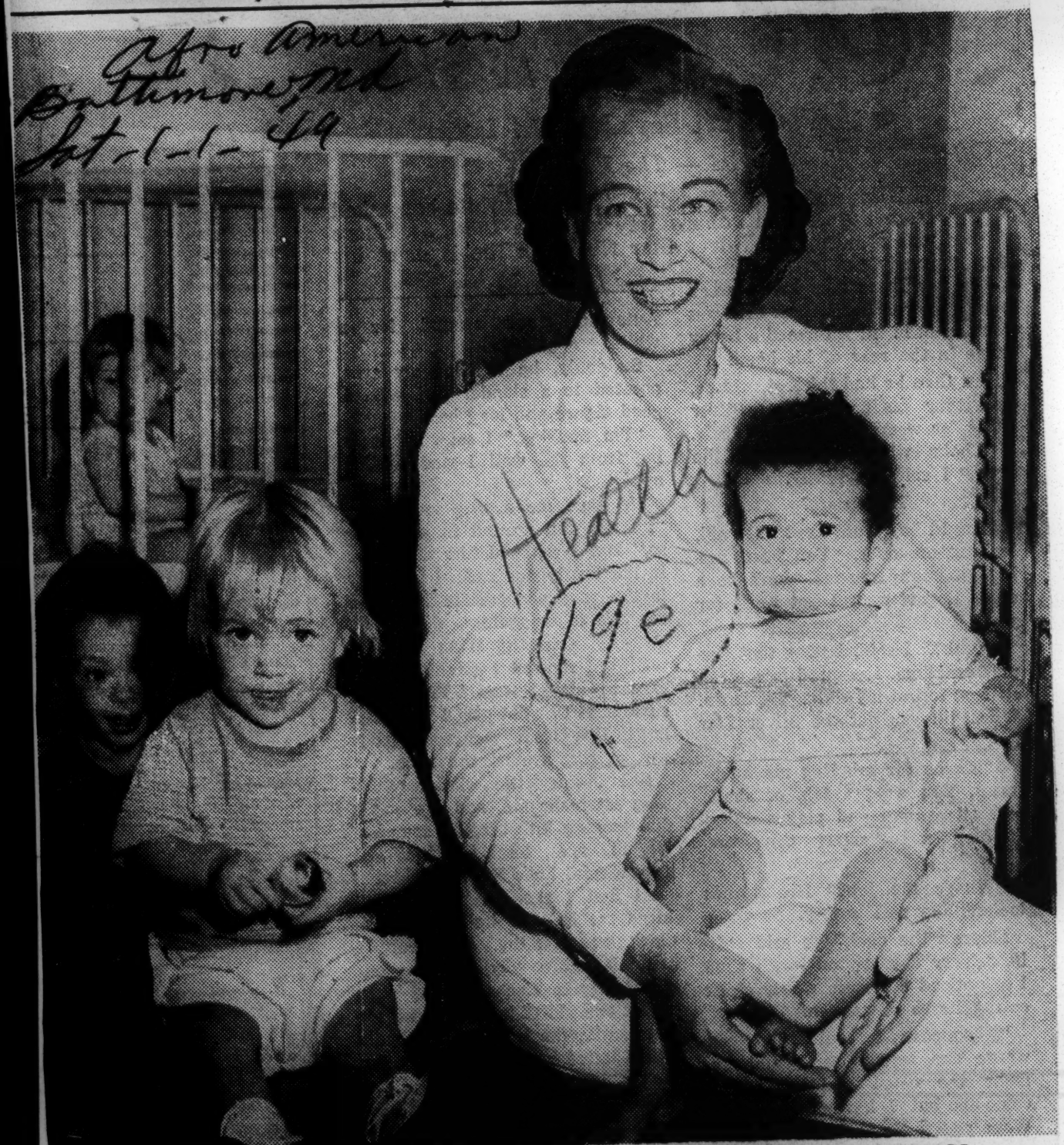
RICHMOND, Va. (ANP)— In answer to numerous questions last week, Virginia state health officials declared that the federal aid to hospitals law does not require equal hospital facilities for Negroes and whites.

In describing the Hill-Burton act officials said that controls and rules for hospitals built through it were to be locally administered after being built.

However, they said, Virginia is operating its hospital program under a policy of building hospitals with beds for Negroes and beds for whites. A few all-white and all-Negro hospitals are being built, but those with dual facilities are in the majority.

19e 1949

Disease Knows No Color Line



Afro American
Baltimore, Md
Sat-1-1-49

19e

IF IT WORKS IN AN EMERGENCY, WHY NOT ALWAYS?

In photo above the head nurse at the Asheville, N.C., Orthopedic Ward holds 10-month-old Betsy, one of several hundred children of both races who were hit by the polio epidemic in that area recently.

Under the separate but equal rule (better known as segregation) which operates in the South, Betsy, because she is colored, would have been assigned to a separate room. But in Asheville, residents found that the whole jim crow idea was foolish.

Disease knows no color line, they said, so why should we separate the victims? The result was that during the recent epidemic in Asheville, right in the heart of N.C., polio patients of all races and creeds were assigned to facilities on the basis of need.

If Asheville residents can act decent like this during an emergency, there is cause to wonder why they can't do the same thing the year round.

Baltimore Afro American
19e
Sat-1-1-49

19e 1949

"ational Foundation for Infantile Paralysis

NEGRO GROUPS AIDED BY POLIO FOUNDATION

Three Negro colleges and a medical association have received, since 1945, $1,966,683 from the funds of the National Foundation for Infantile Paralysis for the teaching and study of aspects of poliomyelitis, the foundation's division of interracial activities announced yesterday.

The sum does not include funds expended for the care and treatment of patients in hospitals all over the country, nor the funds raised by local chapters of the foundation the training and equipping of Negro physicians and nurses for treatment of the disease, Charles H. Bynum, division director, said.

Of the amount allotted by the national foundation, $1,486,660 has been given to Tuskegee Institute, Alabama, for the operation of a polio center. The rest went to the Meharry Medical College, Nashville, Tenn., the North Carolina College of Durham and the Provident Medical Associates of Chicago.

Meharry received for the academic year 1947-48 $67,670 and for 1948-49 $73,230. The original grant was made for a complete service program in physical therapy. Last year's grant was to continue that program.

The aim of the grant to North Carolina College was to assist a school for public health. A grant in 1947 included $8,800 to train supervisors, coordinators and teachers in health education, and $15,100 was set aside to continue that program in the calendar year 1948. Ninety-eight thousand and two hundred dollars has also been set asde for a five-year program beginning this year.

A grant of $50,000 to the Provident Medical Associates of Chicago was for the purpose of aiding Provident Hospital, an all-Negro institution, "to provide fellowships in orthopedics and neurology for Negro physicians." This grant will be in force "until funds are completed," the foundation said.

19g 1949

Atlanta's Death Rate Hits Lowest Point--8.2--In History

The Constitution
Atlanta, Ga.
Sun. 1-23-49

Atlanta is a more healthful place to live year by year, according to the 1948 annual report of the City Health Department released yesterday.

The statistical figures showed: (1) the death rate is the lowest in history and was pegged at 8.2 per 1,000 population for 1948; (2) the birth rate declined slightly, from 23.3 per 1,000 population in 1947 to 21.5 per 1,000 in 1948; (3) influenza deaths dropped to 2.8 per 100,000 population for the year; (4) no deaths from typhus fever were rcorded and only four mothers died during childbirth, all of whom were Negroes; (5) there were 18 suicides, a drop from the 32 recorded for 1947; (6) accidental deaths jumped from 127 in 1947 to 155; (7) infant mortality rose to 285, an increase of six more than in 1947; (8) tuberculosis deaths dropped to 26.8 per 100,000 population, the lowest in history.

Sun. 1-23-49

The decline in tuberculosis deaths was attributed largely to operations of the division's tuberculosis control program, which last year made 53,694 chest X-rays in an attempt to curtail the disease.

Charles C. Turner, Departmental Statistician, furnished the figures.

1,362 Negro Babies Died In Alabama During 1948

MONTGOMERY, Ala.—(ANP)—The State Health Department disclosed here last week that 1,362 Negro babies and 1,663 white babies born in the State died before reaching their first birthday last year.

The figures were taken from the national office of vital statistics which revealed that 3,025 of the total 111,063 first year deaths were from Alabama.

LACK OF MEDICS KILL 7 OUT OF 100 KIDS

The Mirror Chicago

The lack of proper medical attention, scarcity of doctors and medical seggregation is responsible for the death of 7 out of 100 Negro Children.

These startling facts are disclosed in the July issue of Our World magazine in an article that shows the benefits of the National Health Insurance Plan that has been proposed to Congress by President Truman. Labeled "You don't Have To Die," the story, prepared with the assistance of the Federal Security Agency, gives figures showing that for every Negro doctor there are 3,377 patient's .

Birmingham Ala

The mortality rate in the South for Negroes is 65% higher than that of the whites, due mainly to lack of adequate free clinics, jim-crow and Negro medical schools having to turn away prospective students because of lack of facilities. The passage of the NHIP by Congress would add more beds to hospitals and in many instances remove the jim-crow complexities, increase medical research into diseases like cancer and polio and provide community citizen health councils.

Sat. 6-10-49

Attacked by many as "socialized medicine" and "downright communism," the NHIP drawn up by FS Administrator Oscar R. Ewing is being opposed by the American Medical Association, fearing the loss of fat fees. Although the AMA's Negro counterpart, the Negro Medical Association hasn't taken a public stand on the momenteous issue, they privately write Ewing they're in favor of it.

Material Mortality Drops

New York Herald Tribune
New York N.Y.
Mon. 3-21-49

U.S. 1947 Rate of 1.3 to 1,000 Births Is New Low Record

WASHINGTON, March 1[illegible] (AP).—The risk of childbearing reached a new low in the United States in 1947, the Public Health Service said today. But the risk fro tha non white races of this nation, it added, was three times that for white women.

The maternal mnorktality rate, declining steadily since 1933, was 1.3 a 1,000 live birthsg in 1947, compar d with 1.6 in 1946 and 6.2 in 1933. The 1947 rate for white women was 1.1 a 1,000 live births, that for non-white women, 3.3.. In 1933 the comparative rates were 5.6 and 9.7.

Mon. 3-20-49

Despite an all-time record of 3,876,000 births in 1947, the deaths in or soon aft r childffbirth, or from diseases of pregnancy, were 175 fewer than in 1946. The 1947 "maternal deaths" totaled 4,978, of which 3.555 were white women.

DEATHS DROP AS POPULATION ZOOMS IN U. S.

Tribune
Dat. 12-24-49
12-24-49

Heart Disease and Cancer Top Killers

Chicago

Washington, Dec. 23 (AP)—The nation's death rate dropped to the lowest point in history last year, the government reported today. It said heart diseases and cancer accounted for almost half of the 1,444,337 total.

While there were 1,033 fewer deaths in 1948 than in the previous year, the fatality rate dropped from 10.1 per 1,000 population to 9.9. This is 1 per cent below the previous record low set in 1946.

The declining death rate was accompanied by a rapid increase in the country's population which now has passed the 150,000,000 mark and is still rising.

200,000 a Month

On this point the census bureau estimated the total population was 150,183,000 on Nov. 1 this year and is growing at a 200,000 a month pace.

The nation's death figures for 1948 were supplied in a report from the office of vital statistics which gave these highlights:

Four hundred seventy-one thousand, four hundred sixty-nine people died from heart diseases and 197,042 from cancer and other malignant tumors; 131,036 others succumbed to cerebral hemorrhages and other diseases of the brain and nervous system. [This compares with the United States fatality total in World War II of 300,978.]

Deaths from pneumonia, influenza, and tuberculosis reached new lows, with a 56,493 total for pneumonia and influenza and 43,833 for TB victims.

Polio Deaths Mount

There was an increase in fatalities from poliomyelitis and measles. The polio toll jumped from 580 in 1947 to 1,895 last year. Deaths from measles rose from 472 in 1947 to 888 in 1948, but this was still far below the 1946 total of 1,310.

Deaths from premature births dropped from 41,053 in 1947 to 39,085 last year.

Scarlet fever accounted for the fewest deaths—68.

The report also showed a slight drop in the number of accidental deaths, suicides, and killings.

32,259 Traffic Deaths

It said 32,259 people were killed in motor vehicle accidents last year as against 32,697 in 1947 and 65,742 others died in other types of accidents as compared to 66,882 the previous year.

Suicides fell from 16,538 to 16,354, while homicides dropped from 8,555 in 1947 to 8,536.

Deaths from other causes included: Typhoid and paratyphoid fever, 233; cerebrospinal meningitis, 873; dysenteery, 1,078; malaria, 170; syphilis, 11,616; acute rheumatic fever, 927; pellagra, 606; diarrhea, enteritis, and ulceration of the intestines, 8,831; diseases of pregnancy and childbirth, 4,122; congenital malformations and diseases peculiar to the first year [except premature births], 41,704

19g 1949

Mortality Rates

White Women Found To Be Longest Livers

WASHINGTON, D. C. — (NNPA) — White women, on the average, live longer than any other single group, outliving colored women by nearly nine years, Federal Security Administrator Oscar R. Ewing disclosed last Thursday.

The figures cited by Mr. Ewing were compiled by the National Office of Vital Statistics of the Public Health Service. They are based on 1947 death rates and how a slightly higher life expectancy than in 1946.

The average life expectancy at birth for the total population in the United States in 1947 was 66.8. The non-white population has a lower but steadily increasing life expectancy, Mr. Ewing pointed out. The figure for colored women in 1947 was 61.9, and for colored men, 57.9.

Observance Of Negro Health Week Is Asked

Negro health in Alabama is important to white people as well as to Negroes, says State Health Officer D. G. Gill. He urged the state to observe National Negro Health Week, which begins Sunday.

"More than one-third of all Alabamians are Negroes," Dr. Gill said. Alabama has a greater Negro population than any state except Georgia and Mississippi.

"In the United States as a whole Negroes represent only one-tenth of the total population. In only 10 Alabama counties is the ratio of Negroes to whites as low as for the country as a whole," he said.

The average Negro isn't as healthy as the average white person, he said. The Health Department's provisional figures for 1948 show that 8 white persons died per 1,000 population, whereas the figure for Negroes was 11.3 per 1,000.

Negroes' Health Called 'Improved'

Progress in Negro health in recent years is called especially encouraging in a statement just received by Dr. D. G. Gill, State Health Officer, from Dr. Leonard A. Scheele, Surgeon General of the United States Public Health Service.

Dr. Scheele's message was prepared for the observance, in Alabama and throughout the country, of National Negro Health Week. This observance began yesterday and will continue through Sunday.

"The Negro death rate has been reduced from 20.2 per 1,000 in 1915 (the first year of this observance) to 11.1 in 1946," Dr. Scheele wrote. "In 1915 more than 180 in every 1,000 Negro babies died before they were one year old. That shocking figure also has been reduced. In 1946 the Negro infant death rate was 48.8 in every 1,000 born alive.

Tuberculosis and syphilis—major killers among Negroes—also have notably declined as causes of death."

The surgeon general's statement emphasized, however, that "the battle for Negro health is far from won." He called attention to the fact that, while the wide gap between white and Negro death rates has been narrowed, "Negroes still die in larger numbers, proportionately, than whites from diseases we know how to prevent or cure."

Moreover, he added, "Negroes have a life expectancy at birth almost 10 years shorter than their white fellow citizens."

NEGRO HEALTH WEEK AND THE HEALTH OF THE NEGRO

By Surgeon General Leonard A. Scheele, Public Health Service, Federal Security Agency.

THIRTY-FIVE YEARS ago, Booker T. Washington inspired many public and private agencies to join forces in an effort to improve the health of the Negro people. Both Negro and white groups responded to Doctor Washington's leadership. An important feature of this cooperative effort was National Negro Health Week. Everyone concerned knew that health education was essential School teachers, school children, and parents needed to learn the principles of healthful living. Families, church and civic groups, whole communities needed to learn the value of good health services.

National Negro Health Week was planned as a rallying point for all groups and agencies interested in health education. About 20 years ago, however, the leaders of National Negro Health week realized that health cannot be won in a week. Many participating groups now carry on year-round activities. The goal of the future should be to make health education a year-round, community-wide program.

In 1949 as in past years, National Negro Health Week commemorates the birthday of a great leader, Doctor Washington. It will serve also as a time of stock-taking and of renewing efforts for better health in the coming year. Great strides have been taken in public health progress throughout the country during the past 85 years. All races, all groups can take pride in that progress. State and local health services, supported from tax-funds, have been strengthened and expanded. The voluntary agencies, supported by all races, have made great contributions to public health.

ENCOURAGING PROGRESS

Progress in Negro health has been especially encouraging. The Negro death rate has been reduced from 20.2 per thousand in 1915 to 11.1 in 1946. In 1915, more than 180 in every thousand Negro babies died before they were one year old. That shocking figure also has been reduced. In 1948, the Negro infant death rate was 48.8 in every thousand born alive. Tuberculosis and syphillis — major killers among Negroes — also have notably declined as causes of death.

The battle for Negro health is far from won, however. The gap has been narrowed between white and Negro death rates; but Negroes still die in large numbers, proportionately, than whites from diseases we know how to prevent or cure. Negro mothers and infants still have much higher death rates than whites. And Negroes have a life expectancy at birth almost 10 years shorter than their white fellow-citizens.

Year by year, we will come nearer to that goal of better health for all the people — Negroes no less than other races. Better hospital and health facilities will be made available throughout the country. Better local health services will be provided. More physicians, dentists, and nurses — especially more Negro trained and given opportunities to professional workers — must be provide modern health services.

The programs of the Federal Security Agency are geared to improve the health and educational opportunities of the Negro people. The Public Health Service, a constituent of the Agency, is proud to have played a part in the Negro health movement. For many years, both the Public Health Service and the Children's Bureau have worked with Negro leaders and other agencies to improve Negro health. All of us in the Federal Security Agency expect each year to show some further improvement, and we will work wholeheartedly toward that end.

COOPERATION ASKED

The theme announced for National Negro Health Week of 1949 is: "Cooperate with your health agencies and your neighbors for better health and sanitation in your community." That challenge suggests the following year-round efforts.

Use the services provided by your State and local health departments and voluntary agencies. Attend the clinics and well-baby conferences. Follow the advice of physicians and nurses to prevent disease and protect health. Carry out the recommendations of sanitarians for sanitation in homes, schools, business, and other public places. Study the health problems of Negroes in your communities. See to it that Negro leaders have a place on committees to plan and promote community-wide health.

DALLAS FORMS HEALTH GROUP; TO PROMOTE NEGRO HEALTH WEEK

1949 Black Dispatch
Volume 60 Page 1 Column 4

DALLAS, Tex., March 24 — In response to the call of A. Maceo Smith, chairman of the Committee on Health and Hospitalization of the Negro Chamber of Commerce, a group of Negro leaders met Thursday night in the office of the chamber and formed the Dallas County Volunteer Health League. The immediate objectives of the league are to (1) coordinate the activities of Dallas' Negro organizations interested in improving the health of the community; (2) cooperation with public health agencies in extending the services of these agencies to all segments of the community; (3) promote the 1949 National Negro Health Week program in Dallas; and (4) to improve the conditions of health and sanitation throughout the county.

Mrs. Mildred R. Smith, registered nurse with the Tuberculosis Association, was elected president; Dr. W. K. Flowers, president of the local medical association, was elected vice president; Mrs. Lillie Mae Drake, city nurse, was elected secretary; and Professor J. E. Gilmore, chairman of the Negro Principals' Association was elected treasurer. The Board of Directors will consist of the delegated representatives of the 21 or more city-wide organizations interested in public health.

The immediate objective of the league is to promote the Negro Health Week campaign. Appropriate committees were appointed to carry out this task. Professor J. E. Gilmore was assigned the task of organizing the essay writing and poster contest in the public schools. The general theme for these essays and posters is "How I Can Improve the Health of My Community." Sunday, April 3rd, has been designated as "Health Sunday" in churches throughout the city. Dr. Flowers was assigned the task of providing doctors for speaking engagements in the public schools during the week. The Health Week campaign will conclude with a city-wide mass meeting, Sunday, April 10.

It is expected that the Dallas County Volunteer Health League will fill a definite need in the community of providing health education and coordination of health activities within the county.

Charlottesvillean Is One of Two Public Health Nurses

CHARLOTTESVILLE, Va. — The board of directors of the Albemarle-Charlottesville Instructive Visiting Nurses' Association, has appointed Mrs. Imogene Morgan Bunn, wife of the Rev. Benjamin F. Bunn, pastor of the First Baptist Church here, as the organization's first nurse.

In order to accept the nursing position Mrs. Bunn resigned as director of recreation for Charlottesville, a position which she has held for the past two years. She was the first member of her race to hold this position also.

has been unable to secure a second nurse with satisfactory qualifications.

The association has been financed by the Albemarle T B Association, $3,000; the Virginia Cancer Society, $1,000; and, the University League, $2,000.

ATTENDED VA. SCHOOLS

The new appointee was graduated from the St. Philip Hospital of Nursing, Richmond, Va., in 1936, and received her certificate in public health nursing from the Medical College of Virginia in 1938.

Because of her deep interest in public health nursing, the Medical College offered Mrs. Bunn a scholarship to do advanced study in this field, a period which covered not only classroom work but provided experience with the ...ly Service Society in Richm... and rural public health nursing ... Prince Edward county.

In 1939, the National Tuberculosis Association offered four fellowships in health education at the University of Michigan and Mrs. Bunn received one of these on recommendation from her school of nursing and the Richmond and Virginia Tuberculosis Associatins.

Since that time she has continued her study in public health nursing at the University of Michigan and has also studied at Virginia Union University, Richmond, Va., and served for one year at Virginia Union as school nurse.

PIONEER IN HER FIELD

Mrs. Bunn pioneers in this new field of visiting nurses in Charlottesville as she did school nursing in Richmond and Charlottesville.

She was staff nurse with the Instructive Visiting Nurse Association in Richmond for two and a half years; for five years, staff nurse with the Richmond Public Schools, and for one year visiting-teacher-nurse with the Charlottesville Public Schools. She is also a member of the national organization for public health nursing.

She has just completed a two-weeks' period of observation with the Instructive Visiting Nurses' Association in Richmond and while there also visited the city health department, the new South Richmond Community Health Center, the rheumatic fever clinic, the Richmond Tuberculosis Association, and other health agencies, in order to find out the trends and progress in her field.

The recent budget set up for the Charlottesville IVNA provides for two nurses, but the board to date

Race Nurse Scores With 'Two - Way Experiment'

GRAND RAPIDS, Mich.—Four weeks of what Registered Nurse Eleanor Y. Taylor called "a two-way experiment" have proved it's a great success from both sides.

The only Negro nurse on duty in Grand Rapids hospitals, 24-year-old Miss Taylor, however, had none of the apprehensions one might expect to find in a young woman in her peculiar situation. As long ago as her high school days, she said, she wanted to be a nurse, "and that's all there was to it."

CAPABLE ADDITION

"The hospital," Miss Taylor explained, referring to Blodgett Memorial with which she has been associated since her return to Grand Rapids a month ago, "took me on as an experiment, though like most other hospitals it is very short of nurses. For me it has been a wonderful association."

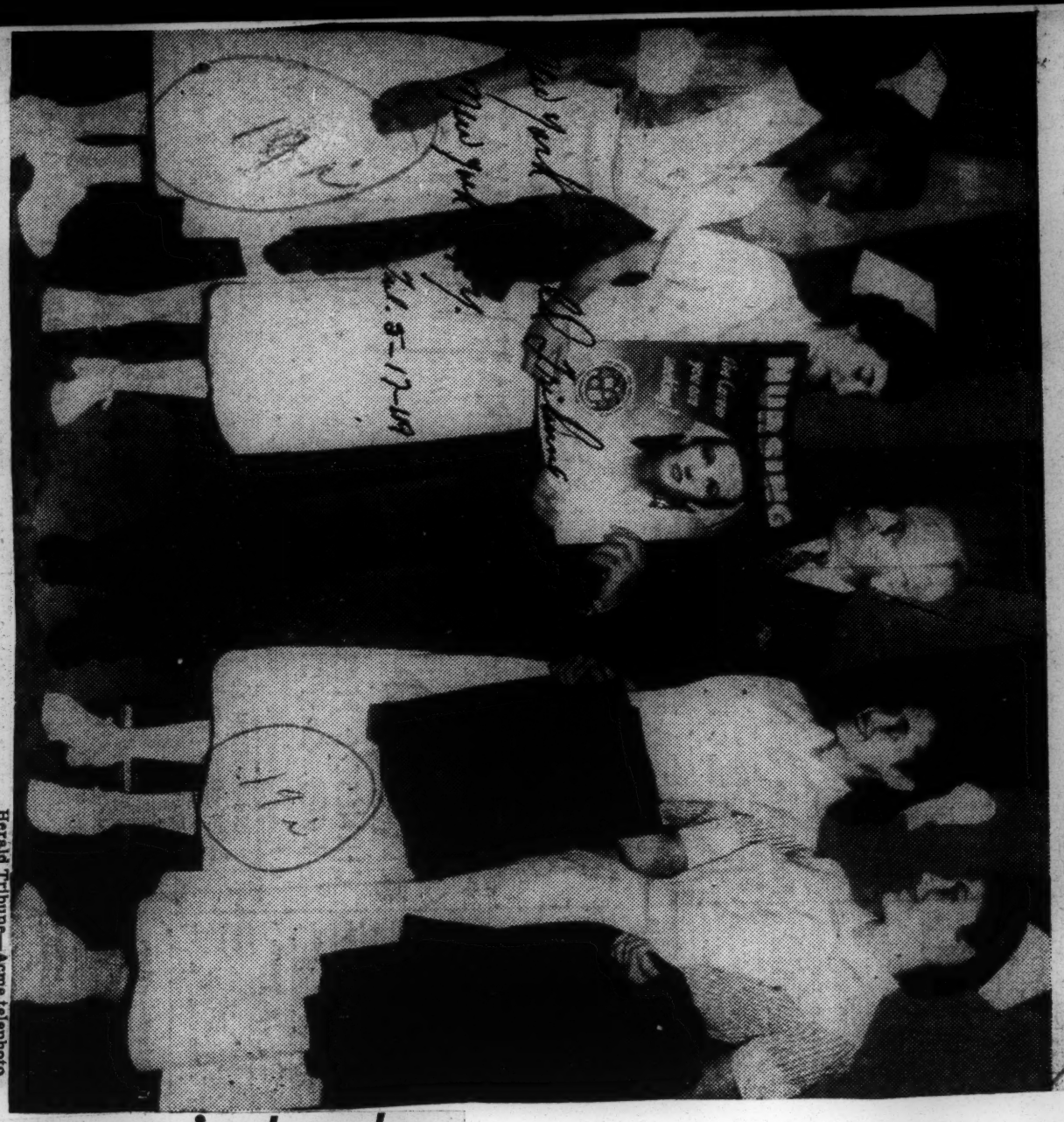
For the hospital, too, according to Ronald D. Yaw, director. "She has proved to be an extremely capable addition to the nursing staff," he said.

CENTRAL HIGH GRAD

for America's overseas veterans dison J. Taylor of 2111 Boston street, S. E., Eleanor Taylor graduated from Central High here in 1941 and took a premedical course at Grand Rapids Junior College before taking up nursing work at Freedmen's Hospital in Washington, D. C. She also has put in a year at the 3,000-bed Cook County Hospital in Chicago before returning to her native city.

Always interested in the surgical part of medicine, Miss Taylor's special field at the present time is post-operative recovery. She hopes some day to go into the field of anesthetics, of which she made a study while at Freedmen's

Student Nurses Visit the President



Herald Tribune—Acme telephoto

Delegation which called on President Truman yesterday to thank him for his aid in the recruitment drive of the National Committee on Careers in Nursing. With the President (left to right) are Aranna Anderson, of Toledo; Mary Mahoney, of San Francisco; Sylvia Rita Freeman, of Washington, and Priscilla Moorefield, of Cape May, N. J.

Nursing Homes For Negroes Badly Needed

62.

Descriptive Bulletin Issued.

Board of Health Says There Are Only Four

The board yesterday issued a bulletin listing the names, addresses, telephone numbers, capacities, and grades of the approved homes. These are issued periodically and are available to the public.

The grades indicate whether the homes have a practical nurse or a registered nurse in attendance. Of the white homes, seven have registered nurses and 22 have registered practical nurses. All the Negro homes have practical nurses.

Capacities of the homes range from four to 30. The number of homes increased from 30 in 1948 to 34 this year, Mrs. Greeley said. The bulletin also indicates those homes which give better care to certain groups, such as old people or mental cases.

Negro nursing homes are needed desperately here, the City-County Board of Health reported yesterday.

Of the 34 homes for convalescents, invalids, or chronically ill persons which have been approved by the board, only four are for Negroes, according to Mrs. Jessie B. Greeley, inspector.

While the white nursing homes can care for 474 patients, the Negro homes can accommodate only

Newly appointed Negro nurse instructor at General Hospital has interracial classes

In her postion as Supervisor, Nursing Instructor at the General Hospital, Mrs. Rosa Mae Johnson Young is a member of the hospital faculty whose duties consist of the instruction of interracial classes.

In the first month of her appointment to the new, and for Negroes, unprecedented, post, Mrs. Young has vindicated the faith of her superior, Mrs. E. B. Pilant, who said the young Negro nurse's abilities were such as to make her feel "proud to be able to make this appointment," hospital attaches said this week.

Arkansas, Kansas City, and California-trained, Mrs. Young in 1946 bypassed an appointment which would have made her the first supervising nurse in Los Angeles county, in order to complete work on her Bachelor of Science degree in nursing education at UCLA.

She had already attained one first; she was one of the first Negro head nurses appointed at the general back in 1942.

A registered nurse for 11 years, Mrs. Young had a recent civil service rating of 99.55.

Nursing Association Invites Negroes

GADSDEN, Ala.—Negro nurses were invited to join the Alabama State Nursing Association, formerly an all white group. This is the first professional organization in the state to vote such action.

The organization at its annual meeting here voted to invite the Alabama Association of Colored Nurses to affiliate.

Study Invitation

Ala. Negro Nurses May Join Whites

BIRMINGHAM, Ala.—Registered nurses here this week were considering an invitation to join the Alabama State Nursing Association which has previously been closed to them.

It is the second professional organization in the state to free its membership of racial bars. For years the Alabama Dental Association has admitted Negro to membership.

Acceptance of the offer by the Alabama Association of Colored Nurses would entitle the nurses to full and active membership.

The action by the white group headed by Mrs. George Lewis Bailes, came during the annual meeting attended by two hundred in the Alabama Power Company Auditorium. Mrs. Bailes' husband is a circuit judge and former solicitor of Jefferson County.

For Benefit Of All—

District No. 1, State Nurses, To Admit Negroes To Group

Negro nurses in Jefferson County have been invited to join the State Nurses Association.

The invitation was extended after a closed session of District 1 of the association.

Mrs. Nina Basham, president of the district, told The News from Tuscaloosa today the move will "in no way change our social traditions."

"We do not intend to violate any city ordinances pertaining to segregation," she said. "Nor do we intend to alter the social traditions of the South.

"We are extending an invitation to membership to Negro nurses strictly on a professional basis."

Mrs. Basham said she presided at the closed meeting the other night. District No. 1 includes five counties in the Birmingham vicinity.

The meeting was held Wednesday night. Fifty-six nurses attended.

After some debate, the nurses in a closed and written ballot voted 34 to 21 to open its doors to Negro nurses.

FROM THE START of the meeting, nurses opposed to the admission of Negroes were outnumbered.

Those opposed to extending membership to Negroes argued that any move to invite the Negroes would be contrary to the traditions and the customs of the South.

Those who favored admitting the Negroes pointed out that the more educated and the professional element of the South has a long time ago learned to apreciate the individual for his ability and not his color.

They also pointed out that Negroes were having as much need for nurses and doctors and hospitals as whites. And that it would be a benefit to the nursing profession if the level of nursing be kept high and consistent.

And that the only way the standards of nursing can be kept high, is by having all nurses regardless of race, color or religion working together in the same association.

* * *

THE NEWS learned the state association some time ago had been called upon to take similar action. But that it decided to leave the matter of Negro membership up to the local district chapters.

A suggestion to invite the press to Wednesday night's meeting was turned down.

There are some 500 members in the association in the district here. All knew that the Negro invitation would be argued upon Wednesday night.

However, only 56 nurses saw fit to turn out for the meeting.

It is believed this was due to the fact the great majority of members favored the admission of Negroes. Knowing the opposition was less than 10 per cent of the total membership, only enough supporters turned out to outvote the anti-Negro minority.

Opposition to admission of the Negroes was mainly vocal at the meeting. And the closed balloting indicated many from the anti-Negro group moved over into the pro-Negro ranks.

Alabama White Nurses Send Out Invitation for Mixed Association

BIRMINGHAM, Ala. (ANP)—The Alabama Association of Colored Nurses has under consideration a proposal by the Alabama State Nursing Association, white, that the group disband and that each member accept full membership in the white association, which hitherto barred colored nurses.

Integration of white and colored nurses in one State association has already been accomplished in Mississippi, North Carolina and Florida. Mrs. Elsie Freeman Cunningham is president of the colored nurses' association, and Mrs. George L. Baiden is president of the white group.

Nurses: White And Negro

The State Nurses Association operates in Alabama as a group with state officers, but it is made up of 15 districts each of which has a good deal of independence, and there may be disagreement within the districts over matters of policy. It is not unusual for some districts to vote in favor of a proposal while other groups vote against it. Each district is governed in policy matters by vote of its own membership.

Early in November of this year in state convention the Alabama State Nurses Association voted to admit Negro nurses to professional membership in the group. The officers at the state level were, for the most part, in favor of such action. But such vote did not commit each district's membership. Thus it is possible—indeed, the condition has already come to pass—that one district may abide by the decision of the state association and another district simultaneously refuse to accept it.

After the state group in convention voted to admit Negro nurses, a good deal of criticism was directed at the action. Some of it, of course, came from within the association itself. A great deal of it came from some of Alabama's physicians.

On Wednesday, Dec. 14, the nurses of District 1, which includes Jefferson County and four other nearby counties, held a meeting at which it was known in advance that a vote on extending professional membership to Negro nurses would be taken. Although there are approximately 500 member nurses, only 56 attended the meeting. That, however, is said to be approximately the number that usually attends meetings, and 20 in attendance provides a quorum for doing business. It is possible that some nurses did not attend specifically to avoid voting on the matter; it is also possible that some who do not often attend came for the purpose of supporting or opposing the measure.

The vote was by secret ballot. Thirty-four voted to admit the Negro nurses; 21 opposed.

The meaning of the action, it seems to this paper, is quite clear. It does not indicate the breakdown of Southern tradition, for the move will not have any social significance. Neither will it mean that any city or state ordinance on segregation will be violated. It does mean definitely, however, that a majority of the nurses recognize that there is much to gain by such action for members of both races in the way of professional knowledge. Such information—scientific knowledge—belongs to human beings, not to white women or Negro women. To help Negroes learn more about proper nursing techniques will help all citizens of the state. Some of the Negro nurses in Alabama—notably those at the veterans' hospital in Tuskegee—are extremely capable and highly trained. It is entirely possible that as professional women they may be able to contribute information and technical knowledge to some of the white nurses.

* * *

Other districts represented in the State Nurses Association may vote to keep the Negro nurses out of the association in their districts. Such a vote has already been taken by a group in Dothan. That is the privilege of the group. Whether that decision, from a strictly professional standpoint, is entirely wise is a debatable question.

Florida Nurses Integrated Into State Association

TALLAHASSEE, Fla. — The Florida State Association of Colored Graduate Nurses was granted full membership in the Florida Nurses Association at a meeting held Oct. 22-26 in Sarasota, Fla.

The colored association also succeeded in gaining membership on the board of directors of the Florida State Association. Dean Mary L. Carnegie, R. N. of the Florida A. and M. College, who will serve in this capacity is the only member of her race to gain such a position in the South. Seven other states and the District of Columbia have refused Negro membership.

All of the districts sent colored delegates to the meeting in Sarasota.

The following persons attended: Misses and Madams Mazie A. Alexander, St. Augustine; M. Fields Bass, Tampa; B. L. Brand, Daytona Beach; Mary E. L. Carnegie, President, Fla. A. and M. College, Tallahassee; Ruth A. Cobb, Tampa; Lillie M. Cutliff, Jacksonville; Margaret Davis, Miami; Susan F. Harris, Miami; Inez Harris, Miama; Grace Higgs, first vice president, Miami; Eartha Mae Jones, Daytona Beach; Ethel Kirkland, second vice president.

Also Rose Ann Lemon, Winter Haven; Georgia B. Lincoln, Tallahassee; Adele J. Lucas, Tallahassee; Hattie Mills, Jacksonville; Lovette L. Moore, Daytona Beach; Gladys Newton, Tampa; Doris A. Peters, Secretary, Fla. A. and M.; W. P. Kelker Porter, Parliamentarian, Tallahassee; Johnnie Mae Seay, Tampa; Mamie N. Starling, Chaplain, Jacksonville; Clara B. Strong, Florida A. and M.; Florrie C. Williams, Tampa; Ophelia J. Wright, Bradenton and Josephine Dean, Palmetto.

Mrs. Daisy Hunter Dickerson Now In Europe

Nashville Globe 6-3-49

Widow of the Late Dr. Spencer C. Dickerson to Visit Twelve Countries—is Delegate to the International Council of Nurses Which Convenes in Stockholm Sweden.

Nashville, Tenn. Fri. 6-3-49

Sailing from New York on the steamship Mauretania of May 25th, was Mrs. Daisy Hunter Dickerson. She, along with five hundred other American nurses, will attend the International Council in Nursing which convenes in Stockholm, Sweden, opening on June 12th, and which will continue in session until the evening of June 16th. Mrs. Dickerson, who is the widow of the late Dr. Spencer C. Dickerson, who was a retired General prior to his death and who, many years ago, was on the Faculty of the old Roger Williams University here in Nashville, had a Pre-Convention tour. Fri. 6-3-49

After she landed in Southampton, England from New York, she was to visit points in England, Scotland, Wales, Norway, Denmark, and then go down to Stockholm in Sweden to attend the convention. 191

When the convention is over she will make a tour of Europe, visiting such places as Switzerland, Belgium, Holland, Germany, Italy and France. Just how much time will be spent in the big metropolis of those countries was not known but arrangements have been made for her to see Paris and Rome, Italy, to visit the larger cities of England, Rotterdam, Holland and to get first hand information on her sightseeing trip before coming back to the United States. 6-3-49

Before Mrs. Dickerson married to Dr. Spencer S. Dickerson she resided here in Nashville. She attended the public schools, finished from Pearl High School and she did her college work in this city. She is the daughter of the late Mr. and Mrs. James Hunter, Sr. She is the sister of Mrs. Minnie Hunter Preacher, now residing in Chicago and who visited Nashville three days this week. Fri. 6-3-49

Mrs. Dickerson has been employed by the City of Chicago in the field of nursing in tuberculosis for twenty-seven years. She is two years past the age of retirement in service but has elected to continue her service of mercy, as most nurses who are in love with their profession. Just how many of these five hundred American nurses that will make the post-convention and will make the post-convention as was not learned by the friends of Mrs. Dickerson here in Nashville, who knew of her plans and who wishes for her a successful and pleasant European tour.

MRS. DAISY HUNTER DICKERSON

U. S. Steamship Line Jim Crows Nurses On Way To World Confab

Chicago Defender Chicago Ill.

(Defender New York Bureau)

Chicago Defender

NEW YORK—Five Negro nurses on their way to the International Congress of Nurses in Stockholm, Sweden, ran into an instance of steamship segregation, always the worst in travel, here last week aboard the S. S. Washington of the U. S. Li 7 6-4-49

Led by Mrs. Estelle Massey Osborne, R.N., one of four official United States delegates from the American Nurses' Association, the Negro nurses voiced a vigorous protest against being booked all together in one medium-sized stateroom on the liner.

The nurses would have cancelled their booking, but learned that they could not receive refunds.

Located on A deck, the stateroom given the Negro women was less spacious than some, and extra cots had been brought in, one being placed in the room's foyer. While there were instances of three white nurses being assigned to one room on the same deck, there was no instance of as much crowding as was forced on the Negro nurses.

Leading Hospitals Represented

Mrs. Osborne's roommates are Adeline Carman of Harlem Hospital, New York; Iris Gilmore Brice, science instructor at the Harlem Hospital School of Nursing; Virginia Washington, newly-appointed director of nursing at Sydenham Hospital; and Mrs. Bernice Ross of Canton, Ohio, a friend of Mrs. Osborne who had chosen to accompany her to Europe for the trip. 6-4-49

All protested to the ship's purser, and other officials of the line, as well as to Miss Kathleen Tuite, of Travel Arrangements, who had made the bookings. 6-4-49

As is customary, the purser and the travel agency passed the buck about the mass booking of the Negro women. The ship official declared that his ship was overbooked and that the travel agency had requested the reservations together.

Miss Tuite, according to Mrs. Osborne, replied the Lines were responsible. Mrs. Osborne was told that she was merely "trying to create trouble" by her protest of segregation. Sat 6-4-49

ANA Disclaims Information

The American Nurses' Association told the Defender that the services of Travel Arrangements had been secured by the International Council of Nurses, and every nurse attending the convention was free to make her own booking. The ANA spokeswoman also stated that there was no way for the travel agency to know the race of any passengers. However, Mrs. Osborne stated before sailing that she had received a letter from the agency assuring her that there would be no discrimination shown toward the Negro passengers.

Mrs. Osborne's husband, Ernest Osborne, an insurance company official, told the Defender at sailing time that when his wife returned suit would be filed against the U. S. Lines.

Both the agency and the Line pointed to the booking of Miss Olive Samuels, a Harlem Hospital student nurse, in a dormitory arrangement with 11 white student nurses on the Washington's B deck as evidence of their non-discriminatory policy. 6-4-49

The best accommodations accorded any Negro nurse going to Sweden was on Cunard Lines' Mauretania, when Miss Mary Sales of Indianapolis, and Mrs. Daisy Dickerson of Chicago, shared a stateroom with a white nurse.

Other New York nurses are leaving by air from Bradley Field, Miss., in an official ANA chartered plane this week.

Negro Women Offered Course In Nursing

One-Year Training To Begin Next Month

A one-year practical-nursing course for Negro women will begin January 23 at the Red Cross Hospital, 1436 S. Shelby.

On the same date a new class for white women will open at Louisville General Hospital. The Louisville Board of Education set up the first class there in September, with Miss Kathleen Boyd as teacher. It also will sponsor the two new classes.

W. F. Coslow, assistant superintendent of secondary education, said Mrs. Bruce S. Laine, a registered nurse, will teach the Negro class. The has an A.B. degree from Shaw University, Raleigh, N. C., and has been at the Red Cross Hospital since September.

Taught at Hospital

Mrs. Laine formerly was a clinical instructor at the Good Samaritan Hospital, Charlotte, N. C., and was second nurse at Kentucky State College, Frankfort.

The courses are open only to residents of Louisville between 17 and 50. Those under 25 must be high-school graduates and those over 25 must have had one year of high school.

The course for whites is under the supervision of Theodore Ahrens Trade High, 546 S. First, with classes at Louisville General Hospital. The Negro program will operate through Central High School, 806 W. Chestnut, with classes there.

Interested persons are asked to get application blanks at the two schools today, tomorrow, Monday, and Tuesday. The schools will close at noon Wednesday for the Christmas holidays.

No Charge Is Made.

The course consists of four months of classroom work and eight months in the hospital. There is no tuition charge. During the last eight months of training, the women will receive $20 a month from the City-County Board of Health.

Those who complete the course will be able to meet requirements of the National Association for Practical Nurse Education. They will be able to qualify for hospital, home, or industrial nursing.

Students must buy their own textbooks, white shoes and hose and a watch with a second hand. They also must pass a physical examination.

Winner of Richards Prize Of State Nurses Group

Mrs. Stanley Beckett

The selection of Mrs. Stanley Beckett, a nurse at the Syracuse Memorial Hospital, as winner of the Linda Richards Award for "outstanding qualifications as a graduate registered nurse," was announced yesterday by Mrs. Mabel Detmold, president of the New York State Nurses Association. She will receive the citation at the biennial convention of the state group next week in Buffalo.

Mrs. Beckett is the daughter of the Rev. and Mrs. Huston Crutchfield of 99 Sickles Avenue, New Rochelle. Her father is a prominent Negro minister. She was recommended for the nursing award by Dean Edith H. Smith and members of the faculty of the Syracuse University School of Nursing, where she was graduated last year after finishing the four-and-one-half-year course in four years.

19i 1949

North Carolina

Carolina Nurses Dissolve Segregated Association

NEW YORK — The North Carolina Association of Negro Registered Nurses, Inc., unanimously voted Saturday to dissolve in order to join the North Carolina State Nurses Association, which voted last October to admit colored nurses.

Mrs. Vesselis John, executive secretary of the National Association for Colored Graduate Nurses, said it was the first time such a move had ever been made in the North or South.

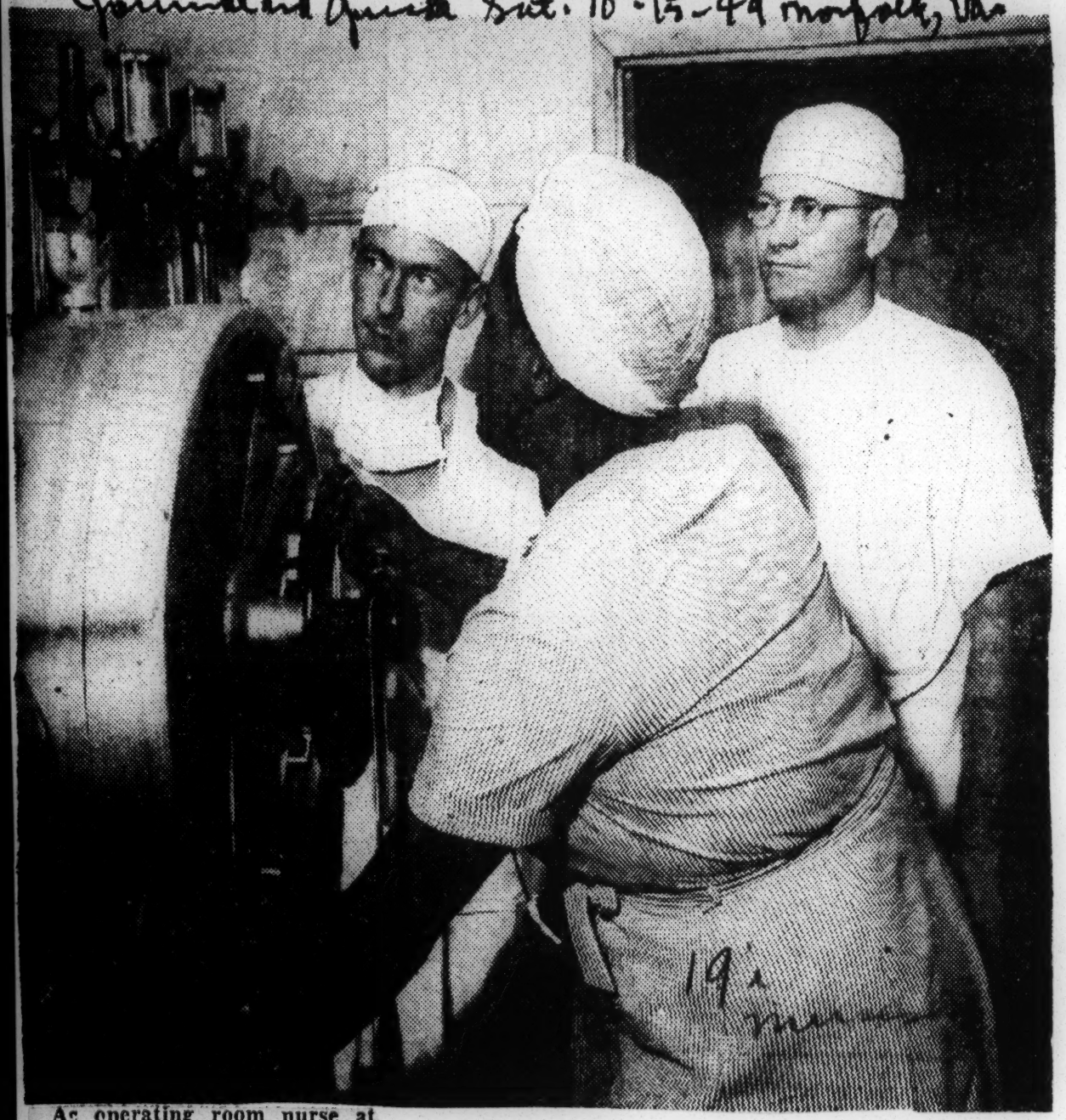
NATIONAL MOVE

The move, Mrs. John said, is a part of a national move by the National Association for Colored Graduate Nurses to have seven states—Louisiana, Georgia, Texas, Arkansas, Virginia, South Carolina, Alabama, and the District of Columbia, lift their ban against the admission of qualified colored nurses in their state associations. Admission to state associations will qualify colored nurses for admission to the American Nurses Association. Colored women can now join the American Nurses Association as individual members.

Commenting on the action of the North Carolina nurses, Mrs. John said "if America is to get the kind and amount of nursing care it needs, we have to help bring full democracy to the profession by way of recruitment, higher standards of education and service, full participation and membership in professional organizations on the local and state levels."

Nurse In Yokohoma Veteran Hospital Instructs Helpers

Journal and Guide Sat. 10-15-49 Norfolk, Va



As operating room nurse at the 155th Station Hospital in Yokohama, 1st Lt. Eleanor E. Yorke, Orange, N. J., is responsible for the presence, condition, and sterilization of instruments and materials used in surgery Here she instructs her two enlisted helpers in the use of the autoclave, a sterilizing machine. The men are (left) Cpl. Joseph E. Walsh, San Antonio, Tex., and Sgt. Robert L. Dawkins, Atlanta, Ga.(U. S. Army photo)

Nurses

Meharry Nurses Relate Experiences At Meet

Atlanta Ga.
The Daily World

NASHVILLE, Tenn. (ANP)— Three nurses who attended the International Council of nurses in Stockholm, Sweden, June 12-17, said that they have learned much about nursing and human relations on their trip to Europe.

In letters to Miss Alma Gault, director of nursing education at Meharry Medical College, Misses Edith Norman, Myrtle Senior, and Berdie Etter of the nursing staff of Hubbard hospital at Meharry gave first hand glimpses of their tour.

There were among the 14 Negro nurses from the United States who attended the meeting. Since the meeting they have made stops in Norway, France, Denmark, and other European nations.

REGARD NURSES HIGHLY

The high regard held for nurses in Sweden was one of the outstanding impressions of their trip. Miss Norman, head nurse, male surgery ward wrote, "It was interesting as well as a bit amazing to hear what the society of Sweden thinks of its nurses. Everyone who is anyone feels that the nurse is a sister to medicine, a mother of healing art, and an amazing person in general. All the doctors refer to nurses as their sisters.

Sat. 7-16-49

The opening session of the council was held in beautiful Tennis hall with the Princes of Sweden as guest of honor. Other Swedish dignitaries bringing greetings were the Bishop of Stockholm; J. Alex Hojer the general director, Swedish Medical board; and Dr. Dag Knutson, president of the Swedish Medical association. Highlights of the convention included a paper, "Outstanding Events in the History of International Council of Nurses," a concert by the Stockholm Boys Choir, and a dramatic skit. "History of Nursing in the Northern Countries" by student nurses of various schools.

Reporting that they had been approached by many Swedes concerning racial problems, the nurses stated that their hosts had read quite a bit about prejudice in the U. S. and thought the situation most unfortunate.

BECOME CELEBRITY

Miss Senior, a native of Nashville became quite a celebrity during the gatherings when her picture appeared with a group of foreign nurses in a local newspaper. Miss Norman, who is a native of Cincinnati, was content to pose with a Norwegian nurse in costume for her private collection. The former is head nurse in the Premature station and recently received her degree from Teachers College at Columbia university. A fellow Nashvillian, Miss Etter, is head nurse in the Woman's Surgery Ward.

While in Sweden they were lodged in a gaily furnished school room with five other young women, four Americans and one Danish origin.

Sat. 7-16-49

In addition to learning about nursing education and world health, the followers of Florence Nightengale also picked up some lessons in courage during their stay in England. Miss Senior gives a vivid description of the heroic postwar Englishmen. She relates, "The people are holding up remarkable well, you'd be surprised to see people so poorly dressed with clumsy shoes and cotton stockings with constant smiles brightening their rosy cheeks We heard complaints from no one." However, she couldn't understand how the English could eat five times daily, breakfast, coffee, lunch, tea, and supper and still be hungry.

American Negro nurses among the 600 who attended the quadrennial meeting included Mrs. Estelle Massey Osborne, the first Negro to become a national officer of the American Nurses' Association; Mrs. Iris Brice, Mrs. Carmen, Miss Madge Hagerman, Miss Mann, Miss Sampson, student nurse, Harlem hospital, and Mrs. Virginia Washington all of New York; Miss Shelton, Washington, D. C., Mary E. Scales, Washington, D. C.; Mrs. Mary L. Carnegie, Florida A. and M. College and Mrs. Daisy Dickerson, Chicago.

Nurses En Route to Sweden Make Stopover in England

1949

Miss Olive S. Samuels (right) of Harlem Hospital and Miss Effigenia Catig of St. Luke's Hospital in Manila arrive in Southampton, England. They are among the 125 members of the American Nurses Association who left this country recently to attend the Interim Conference of the International Council of Nurses in Stockholm, Sweden. En route to Sweden they are making a tour of the British Isles.

Goal Democratic

Mrs. John has just completed a tour in the interest of the National Association of Colored Graduate Nurses which took her to Philadelphia, Baltimore, Richmond, Hampton Institute, Phoebus, Newport News, Va.; and Durham and Raleigh, N.C.

Mrs. John said:

"If America is to get the kind and amount of nursing care it needs, we have to help bring full democracy to the profession by recruitment, higher standards of education and service, full participation and membership in professional organizations on the local and State levels."

Carolina Nurses Disband to Join White Society

1949 Atlanta Ga.
Baltimore, Md.

NEW YORK—(NNPA) — The North Carolina Association of colored Registered Nurses, Inc., unanimously voted June 25, to dissolve in order to join the North Carolina State Nurses Association, which voted last October to admit colored nurses.

Mrs. Alma Vessells John, executive secretary of the National Association of Colored Graduate Nurses, said it was the first time such a move had ever been made in the North or South.

National Policy

She said it conforms with the national association's program to have white nurses associations in seven States—Louisiana, Georgia, Texas, Arkansas, Virginia, South Carolina and Alabama— and the District of Columbia, lift their lily-white ban against qualified colored nurses.

Admission to State associations will qualify colored nurses for admission to the American Nurses Association, which they can now join as individual members.

7-23-49

Negro Nurse Registry Named

The only official professional nurses registry for colored nurses in Atlanta is located at 24 Clark Street, S. E., Miss Annie Lou Overton, educational supervisors for the State Board of Examiners of Nurses, said yesterday.

This registry is operated by the Georgia State Colored Nurses Association, and was established under the guidance of the Georgia State Nurses Association Professional Nurses Registry.

The registry for private duty colored nurses is operated by Amanda Willis. The telephone number is AL. 9542. The state official urged the public and the nurses to support this registry.

An outstanding example of real progress is the election of Mrs. M. E. L. Carnegie, dean, school of nursing, Florida A. & M. College at Tallahassee to the board of directors of the Florida State Nurses Association with the highest number of votes cast for any candidate.

HOPEFUL SIGNS

One district association of a state nurses association in the deep South voted unanimously to dissolve a Negro section which had been formed contrary to national policy.

Many groups and individual citizens have saluted the state nurses associations on their far-reaching actions. Mrs. Mabel K. Staupers, president, and Miss Alma Vessells, executive secretary, have announced that the NACGN continues its program of education and interpretation in cooperation with the other five national nursing organizations.

These are: the American Nurses Association, National League of Nursing Education, National Organization for Public Health Nursing, Association of Collegiate Schools of Nursing and the American Association of Industrial Nurses and organized groups of lay citizens.

Arkansas Latest To Mix Units

Unofficial Reports Say Alabama Has Opened Membership

NEW YORK — The Arkansas State Nurses Association has informed the National Association of Colored Graduate Nurses of the unanimous decision of its membership to accept Negro nurses to full membership in its Association. Last year the vote was defeated by a narrow margin.

Unofficial reports tell of similar action taken by the Alabama State Nurses Association at its recent meeting. This progress is significant when it is recalled that prior to 1942, 17 state nurses associations barred Negro nurses.

At the present time, Georgia, Louisiana, Texas, Virginia, South Carolina and the District of Columbia still do not admit Negro nurses. Direct membership in the American Nurses Association is available to all Negro nurses as a result of an amendment to the constitution of that body, voted in 1948.

OTHERS CONSIDER

Several of the states remaining among those not admitting Negro nurses have the matter under consideration. It must be pointed out that an increasing number of nurses are determined to erase all discriminatory practices which operate against the forward march of the nursing profession.

Negro nurses are being appointed to important committees on the national, state, and local levels.

FIRST NEGRO—graduate registered nurse to be appointed supervising nursing instructor at the General Hospital is Mrs. Rosa Mae Johnson Young, above.

Grady Hospital Nurses Tops in Georgia Tests

ATLANTA, Ga.—Negro nurses at Grady Memorial Hospital scored highest among all nurses in the State, including whites, on the State Board Examination.

Their score averaged above ninety, according to Miss Timoxina Sloan, director of nursing at the hospital.

Both Miss Sloan and Supt. Frank Wilson expressed pride in the attainment by Grady trainees, since white students at Grady, Emory University, University Hospital at Augusta and other centers were involved in the comparative scores.

Failure to pass tests a few months ago resulted in the suicide of a Birmingham, Ala., student.

ESTELLE MASSEY OSBURNE has been elected a delegate to the International Council of Nurses session in Stockholm, Sweden, in June.

Mrs. Osborne is the first American Negro elected as a delegate to the meetings of this organization.

Nurse Assigned to Brazil

Nurse Dorothy Doyle of 1274 Fifth Ave., New York City, packs her trunk for a trip to Brazil. She has been assigned to the South American country by the State Department's Office of Inter-American Affairs. A graduate of Teachers College, Columbia University, and of the Mercy Hospital's nursing school in Philadelphia, Miss Doyle is the first of her race to be appointed by the Inter-American Office.

Md. Hospital Using Negro Student Nurses

Baltimore, Jan. 15 (AP).—Sydenham Hospital, for the first time in its history, is using the services of Negro student nurses.

The students from Provident Hospital work on an unsegregated basis with students from other Baltimore hospitals.

Dr. Horace L. Hodes, Sydenham superintendent, said the hospital has been understaffed recently and that the arrangement is working out well. The hospital does not employ Negroes on the regular nursing staff.

University Nursing

sultant of the Public Health Service's Division of Nursing. Miss Carrington had been asked by the university to make a study of needs and educational facilities for nurses in Alabama.

The report was made to determine whether there was need for a scholastic school of nursing for the state.

Miss Carrington's report, given after a month's study of nursing needs in the state, went on to say that, needed, too, were:

1. Centralization and improvement of existing nursing education facilities.

2. Development of additional schools for the preparation of Negro nurses.

3. Development of vocational programs for training practical nurse students (white and Negro).

ALTHOUGH NECESSARY facilities for the development of these major programs either exist now or are potential within the state, Miss Carrington found that they are not being used to the fullest capacity.

"This failure," she says, "is due largely to an inadequate supply of qualified administrative and instructional personnel and lack of centralized instruction resulting in extravagant dulication of effort and facilities."

The survey showed a marked increase in the supply of nurses is needed both to fill existing deficits in nurse power and to meet needs for services in rapidly expanding health facilities.

Furthermore, a broader training of nurses than the current preparation in five services only in demanded by existing types of health needs.

This means there are only five nursing services offered the Alabama nurse-in-training. If she gets necessary training in the treatment of, say, cancer or convalescent rehabilitation, the Alabama nurse has to either pick it up on general wards—or out of the state for it.

RURAL AREAS of the state are in worse need than urban, according to the report. It says that it is expedient that the state with its existing and potential educational facilities has responsibility for producing well prepared nurses to meet all deficits. Particularly is this true of public health, inudustry, tuberculosis and in pediatric and psychiatric nursing.

"Professional nurses with special and advanced preparation are needed for administrative and supervisory positions in special and general hospitals, other institutions and health agencies and for administrative and instructional positions in basic professional nursing schools and in vocational nursing schools for both white and colored students," the report stated.

The report's summary continued: "Trained vocational or practical nurses are needed to supplement the care given by professional nurses in special and general hospitals, homes—rural and urban.

The main thing Miss Carrington found is that, with an overall picture of the need, the facilities necessary for this development exist now—"or are potential within the state."

* * *

THE REPORT recommended that a school of nursing should be created as a separate unit in the University of Alabama on the same basis as other professional schools.

"The school should provide a four year program, using pooled facilities chosen from the best either now available or potential," it said.

School Urged As Critical Alabama Need

Training Now Offered Termed Inadequate, Limited In Report

BY EFFIE CHALMERS
News Staff Writer

A solution to Alabama's nursing problem was offered today. Dr. John Gallalee, president of the University of Alabama, was told that the state's expanding health needs demand the developemnt o fa university School of Nursing.

Word of the need came in a report to Dr. Gallalee by Miss Margaret Carrington, special con-

Community Hospital Staffer Gets Rating As Anesthetist

WILMINGTON, N. C.—In keeping with its program to merit full approval by the American College of Surgeons and the American Medical College Association the Community Hospital, North Carolina's largest hospital for Negroes, has increased its professional staff by the addition of a registered nurse anesthetist.

She is Miss Pernelle Taggart, graduate of the special course offered by Meharry Medical College for the training of nurse anesthetists. On February 12, 1949, Miss Taggart received a letter from the

Association of Nurse Anesthetists confirming her membership in the Association.

She had previously taken the North Carolina State examination for the work in Raleigh; the only

MISS PERNELLE TAGGART

Negro in a class of 10 students to sit for the eight-hour examination period.

Miss Taggart is a graduate of the Kate Bittings Reynolds Memorial Hospital School for Nurses. She served as a nursing supervisor from October 6, 1944 to July 1, 1945 at the Community Hospital, at which time she was given a leave of absence to pursue special studies in anesthology at Meharry Medical College.

D.C. Hospital Adds 3 Nurses

WASHINGTON — Three Negro nurses have been quietly integrated here as staff members of Georgetown University Hospital.

One of the most modern in Washington, the hospital is conducted under Catholic auspices.

The three nurses are Mrs. Catherine V. Fortune, assigned to surgery; Mrs. Louise E. Summers, obstetrics, and Mrs. Noah Lee Barber, pediatrics. Mrs. Fortune, the first appointed, began her duties Nov. 1.

Sister Joseph Beatrice heads a nursing staff of 150.

The three were accepted on the same basis as other nurses and share equally duties, privileges and facilities of the hospital.

Mrs. Osborne Named Delegate to Sweden

NEW YORK (ANP) — Estelle Massey Osborne has been elected a delegate to the International Council of Nurses which convenes at Stockholm, Sweden, in June. Top nursing official who will be in company with the New York University instructor are Professor Elizabeth Porter of the University of Pennsylvania; Mary Germaine of Detroit, Lizzie Baird of Portland, Ore., and Pearl McIver, president of the American Nurses Association. Ella Best, executive secretary, in the New York national office, will also accompany the quartette.

Mrs. Osborne

Mrs. Osborne is a member of Alpha Kappa Alpha Sorority and numerous professional organizations. She is also on the lecture sociation of New York.

Nursing Bars Falling

Florida Is First Southern State To Get Negro Board Member

By RAMONA LOWE
(Defender Florida Bureau)

MIAMI, Fla. — The barriers between the modern white and Negro Florence Nightingales of this state are crumbling. Florida is way out in front in the effort to integrate nurses.

A report on progress in integration was made to the Dade County Graduate Nurses Association by Alma Vessells, executive secretary of the National Association of Colored Graduate Nurses last week. Miss Vessells addressed the local group upon invitation, while on her field trip to this city.

The state admitted Negro nurses to its nursing organization in 1942 and is the only state with a Negro on its board of directors. Miss Grace Higgs, Miami public health nurse was the first Negro member. She was succeeded by Dean M. E. Carnegie of Florida A and M School of Nursing, who was elected at the last state meeting and was the first Negro speaker on their program.

"This has been one of the developments in inter-group relationships observed during the past two years," Miss Vessells said. "There are seven southern states and the District of Columbia that still do not admit Negro nurses in their state organization. Most recent to admit them was North Carolina last October."

In the special meeting called by the Dade County nurses, Miss Vessells reported on nursing organizations on the national level. There were 11 representatives from NACGN who participated in the joint board discussion two weeks ago. The group represented the six national nursing bodies according to the speaker. The representatives met to determine the best way to consolidate nursing organizations in accordance with the structure study now underway.

100 Per Cent Membership Urged

Miss Vessells emphasized the importance of 100 per cent membership of the country's 9,000 Negro nurses in NACGN so that gains might be furthered before the six organizations are absorbed in the one or two that will be set up.

"If the 52 nurses had not organized in New York 40 years ago, forming the NACGN, we would not have had representation such as we have today," the secretary pointed out. "Mrs. Estelle Massey Osborne was elected to the American Nurses Association board last year. This year she was elected as one of the four ANA delegates to the International Congress of Nurses meeting in Stockholm, Sweden, June 12-16.

Opportunities Widening

"The NACGN has a watchdog role, keeping an eye open for job opportunities, attempting to raise nursing school standards and forwarding the work of racial integration.

"Railroads and airlines are taking on nurses again," she said, "and we must be ready to apply. Overseas opportunities are widening. There are 30 all-Negro nursing schools, some of which are very poor and are not accredited. There are 245 mixed nursing schools.

"We get a great deal of our program over through our public relations fork," she explained. "Last year, a meeting was held with United Nations' delegate Madam Pundit of India who gave them a picture of the international need of nurses.

"They produced four radio broadcasts, and this year on April 30, over NBC, they will dramatize the history of NACGN in which they expect whites (and some foreigners.

National Office Activities

"Students have done special projects on Negro nurses all over the country. In the national office are copies of masters theses on the subject."

Sidelights of the national office activities include the 109 committee meetings that the executive secretary and assistant executive secretary attended last year and the 7,500 pieces of mail sent out.

Miss Vessells who said she had never enjoyed a trip so much as the five days she spent in Miami, visited the local hospitals and Booker T. Washington high school. At the school, she addressed 150 young girls interested in nursing. This she called the highlight of her visit. She commended the youngsters on the intelligent questions they asked, but regretted that no boys had been invited, "as there is a need," she said, "for male nurses."

She deplored the fact that no Negro students from the three high schools here have an opportunity to train at the school for nurses connected with Jackson Memorial Hospital, which is supported by Negro as well as white taxpayers.

"This means hundreds of potential nurses are lost to the state because they cannot afford to go as far as Florida A and M College in Tallahassee or to Brewster Hospital in Jacksonville. The training facilities of the hospital should be made available to our students," Miss Vessells declared.

"More state scholarships should be made available for Negroes here, too," she added. (Only one has been issued in Dade County since 1943.)

"I was much impressed by the high morale and very evident capability of the staff at Christian Hospital," she said, speaking of Miami's private Negro hospital.

Ramshackle Headquarters

"The ramshackle City Health Department headquarters next door, however, are certainly not in keeping with modern trends in health service facilities. Miami citizens should urge the health department and city officials to provide a more suitable place for health activities." She described the Negro quarters at the county hospital in Kendall as the cleanest she had ever seen.

Miss Vessells served as a speaker consultant at the Clinical Association Meeting a Florida A and M College before making the trip to Miami.

Other Florida stops included: West Palm Beach, Daytona Beach and Jacksonville. Miss Vessells planned to go to Charleston, Orangeburg and Columbia, S. C., before returning to New York March 1.

D. C. Catholic Hospital Has Liberal Policy

WASHINGTON, D. C. — Three colored nurses have been very quietly and successfully integrated as staff-members at Georgetown University Hospital here, it was learned last week.

Said to be the most modern of its kind in Washington, the hospital is conducted under Catholic auspices.

The nurses are: Mrs. Catherine V. Fortune, who has been assigned to surgery Mrs. Louise E. Summers, assigned to obstetrics; and Mrs. Noah Lee Barber, who is employed in the pediatric service.

Mrs. Fortune, the first member to be appointed to the staff, began working on Nov. 1.

According to Sister Joseph Beatrice, who heads the staff of some 150 nurses, no particular provision was made for the colored nurses. They joined the staff on the same provision as the other nurses, she said. They share all the responsibilities, duties, facilities and privileges available to the hospital's nurses, according to the Sister.

Adopt New Plan To Meet Serious Shortage in N. C.

Pittsburgh Courier
Pittsburgh, Pennsylvania
(19i)

By A. M. RIVERA Jr.
(Courier Staff Correspondent)

DURHAM, N. C.—Speaking of paradoxies—here is one with a ten-thousand-dollar tag on it. To meet the demands for practical nurses for general hospital duty, private duty in homes and hospitals, public health departments and industries, courses are being conducted at Duke University Hospital for Negro women at an estimated cost of $10,000.

In an effort to determine just what was behind the apparent unusual interest in the training of Negroes in this area of work, The Courier was told last week by authorities of the hospital that their chief concern was in the interest of alleviating a shortage of qualified nursing personnel within the community.

COOPERATIVE PLAN

H. C. Mickey, superintendent of the hospital since 1936, stated that the courses were begun cooperatively by the Durham City Board of Health, the State Department of Public Instruction, and Duke Hospital eight months ago in an effort to alleviate the shortage of qualified nursing personnel. He dispelled fears, expressed by many, that the "practicals" would be used to dignify the duties of the white nurses at the hospital.

Said Mr. Mickey, "We have no employment for special duty nurses or practical nurses." He did, however, leave the door open for an inclusion of these nurses, when he stated that, "It is possible that our policy might be changed."

COUNTER-QUESTION

During an interview, Miss Wilhelmina Bell, Toronto, Canada, director of the program, revealed a tacit disapproval of our curiosity about the course of study when she asked, "What is Pittsburgh doing to meet the shortage of nurses?"

Sat. 1-8-49

Miss Bell explained that graduates of the one-year course are eligible for license as practical nurses. As such, they are qualified to care for patietns who are not acutely ill; they will assist physicians and professional nurses and do other health work.

Some of the specific duties of the practical nurse who does general hospital duty are taking temperature, pulse and respiration; serving trays and feeding patients; shampooing hair and caring for mothers and newborn infants.

PRE-INSTRUCTIONS

The new school began in Durham with a three-month period of classroom instructions at Hillside High School. After successfully completing this course the students were transferred to Duke Hospital for the remainder of their training.

When asked if the training of these practical nurses might be a forerunner for the training of registered nurses. Mr. Mickey declined to answer.

Students receive uniforms and begin to receive pay when they begin the course in the hospital. They are paid $25 for the first three months, $35 for the next and $50 for their last three months.

Readers Say..

354 NURSE SCHOOLS OPEN

Baltimore Afro-American
Pittsburgh Courier

New York — According to a list prepared by the National League of Nursing Education, there are 354 schools of nursing which admit colored students. There were only 275 in 1948.

The increase represents an important advance since the limited number of schools in the United States without discriminatory admission policies hampers the recruitment of qualified men and women who could be potential registered nurses.

The National Association of Colored Graduate Nurses, in cooperation with other nursing organizations, will continue to campaign for more and better schools of nursing which will admit all students regardless of race or color.

Sat. 5-7-49

(Mrs.) ALIDA C. DAILEY
President, NACGN

Miss Brown, who is a graduate of Columbia University and Harvard School of Public Health in Boston will study the Social Aspects of the Medical Care program in Great Britian under the direction of the London School of Hygiene and Tropical Medicine. She wil lsail from New York City Sept. 21, on the Queen Elizabeth and will be on a year's leave from her duties at Meharry.

Miss Brown is a member of Professional and Scientific Societies. Her most recent publication, "An Evaluation of Methods for Integrating Public Health in the Basic Curriculum of Schools of Nursing in Greater Boston," is receiving favorable comment in professional circles both here and abroad.

White Va. Nurses Turn Down Integration Plan

NEW YORK — (NNPA)—The Graduate Nurses Association of Virginia has bluntly turned down a proposal by the Old Dominion Graduate Nurses Association, a colored organization, that the two groups appoint a joint committee to "study the matter of inter-group relationships in the interest of unity within the nursing profession in Virginia."

The colored nurses at their June convention passed a resolution asking that white nurses join with them in forming a joint committee and that colored nurses be allowed to participate jointly in studying economic security for nurses, accreditation, recruitment and auxiliary nursing.

The executive committee of the white nursing group, however, has informed the colored Virginia nurses that they feel that the interests of the public in the nursing field can best be served by two nursing groups, instead of one, and that they would not ever bring the matter before their organization for consideration.

NATIONAL OFFICE NOTIFIED

The Virginia white nurses' action was brought to the attention of the headquarters of the parent body of the colored Virginia nurses here in New York, the National Association of Colored Graduate Nurses.

Mrs. Alma Vessells, executive secretary of the NACGN last Thursday said there are six nursing organizations embracing the greater part of the nation's registered nurses. They are the National Organization for Public Health Nursing, the National League of Nurse Education, the American Association of Industrial Nurses, the Association of Collegiate Schools of Nursing and the NAGCN.

For the past two years, talks have been going on between these six organizations to find a way in which their activities could eventually be consolidated. This question is said to be high on the agenda of the nurses when they meet in 1950 for their annual convention.

The colored nurses generally favor the consolidation plan if they can be integrated across the board along with the white nurses without exception.

DIXIE HOLDS BACK

But seven states and the District of Columbia will not permit colored nurses to join their state nurses' association. These states are Louisiana, Georgia, Alabama, Texas, Arkansas, Virginia, and South Carolina. In these states colored nurses are permitted to join the American Nurses Association through its national office, an arrangement which gives them national recognition, but not local membership which is needed in their work.

The NACGN officials and many of the groups believe that though the functions which the organization performs are duplicated by the ANA, it also serves the need of the colored nurse who is discriminated against in many other ways and that it will be unwise to dissolve the colored association until the white nurses are willing to accept colored nurses in all capacities without regard to race or color. There are an estimated 9,000 colored nurses in the United States it was said

19j 1949

25 Pharmacists in Xavier Class

NEW ORLEANS, La. — Dr. Frederick D. Patterson, president, Tuskegee Institute, delivered the commencemnt address here last Friday as 117 graduates received degrees at the 22nd annual commencement of Xavier University.

Twenty-five graduates received bachelor of science degrees from the College of Pharmacy, as follows:

Theodore R. Atkinson Jr., Sumter, S.C.; Solon B. Bryant, Columbus, Ga.; Ralph H. Dunmore, NYC; Edward H. Neely, Chicago; Sylvester M. Urquhart, Detroit; James Booker Jr., Forth Worth, Tex.; Albert E. Hopkins, Houston, Tex.; French L. Jackson, Dallas, Tex.; Maceo C. Denis, Pascageula, Miss.; John H. Brown, Brookhaven, Miss.; Hargie A. Boykins Jr., Memphis, Tenn.,

Vera T. Gibbs, DeRidder, La.; Will H. Jones, Mansfield; James C. Smith, Patterson; Harry P. Gonsoulin, Lake Charles; Doris Mae Barnes, Joyce T. Lyman, Harold H. Murphy Jr., Janella Saul, Asa E. Walker and Joseph F. Zimmerman Jr., all of New Orleans; Bertel T. Winder Sr., Percy H. Iogan, John Wesley Clark and Willard P. Conrad Sr., all of Baton Rouge, La.

OTHERS HONORED

Among others receiving degrees were:

Audrson D. Bratton, Bluefield, Va.; Geraldine D. Bratton, Asheville, N.C.; Lelia E. Hicks, Montgomery, Ala.; Jesse R. Crews, Henderson, N.C.; Mary F. Gillard, Greenville, S.C.; Sandra O. Smithson, Nashville, Tenn.; Bertha M. Elmore, Montgomery, Ala.,

Annie Mae Dais and Thelma E. Smith, both Mobile, Ala.; Henrietta M. Greene, Brooklyn, N.Y.; Overton C. Jefferson, NYC; Catherine H. Jones, Aiken, S.C.; Petty J. Pierce, Montgomery, Ala.; Frederica N. Maxwell, Atlanta, Ga.

Negro Given Cancer Study Fellowship

Dr. Jack Edward White, 28-year-old cancer specialist at Freedmen's Hospital, was yesterday awarded a $2500 fellowship to New York's Memorial Hospital.

He will become the first Negro doctor to be admitted to practice at the hospital, largest cancer hospita lin the world, it was said.

The award, financing a year of special studies beginning July 1, was presented yesterday by Dr. Harry H. Kerr, president of the District Division, American Cancer Society, in ceremonies at the society headquarters, 1200 15th st. nd.

Dr. White, a native of Florida, was graduated from Florida Agri--cultural and Mechanical College, Tallahassee, Fla., and received his medical training at Howard University Medical School. Save for one year's service at the United States Marine Hospital, Boston, he has served at Freedmen's since his graduation from Howard, in 1944. He has been chief resident in surgery there since June, 1947.

Opportunities for Negro Physicians

TO THE EDITOR OF THE NEW YORK TIMES:

In reply to your editorial of March 1 regarding the plight of Sydenham Hospital, I should like to correct one statement for the record.

You note the very few opportunities open to Negro physicians for post-graduate training. I take it that you mean graduate training in the form of internships and residencies. Several organizations, including ours, offer opportunity for post-graduate medical education where the Negro physician is admitted and welcomed in the same manner as any other physician.

ROBERT BOGGS, M. D.,
Acting Dean, New York University-Bellevue Medical Center.
New York, March 7, 1949.

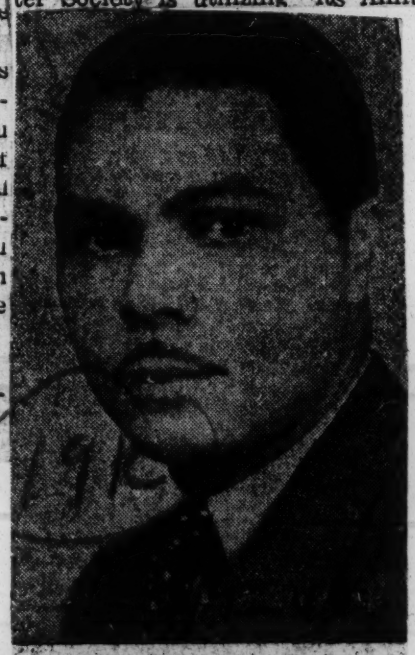
NEW DRUG FIRST USED BY HARLEM PHYSICIANS

New York—Tracing the development of the use of aureomycin, a new wonder drug, Dr. Louis T. Wright, chief of the surgical staff of Harlem Hospital and chairman of the NAACP Medical Committee, has asserted priority in the use of this drug in human beings.

The question of priority was precipitated by a paper by Dr. Paul A. O'Leary published in The Staff Proceedings of the Mayo Clinic. This paper credited Dr. Morton S. Bryer of Johns Hopkins Medical College with the first published report of the clinical use of this germ-and-virus destroying drug which many physicians already rate as more effective than either penicillin or streptomycin.

Two Doctors Seek To Bring About Negro Hospital Here

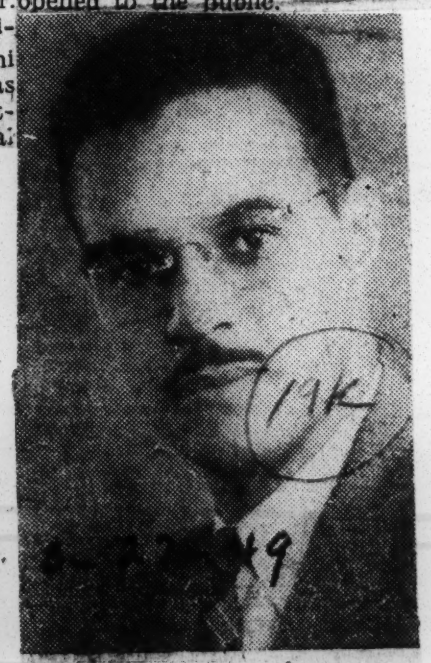
Two prominent young medical men of Memphis who are offering their leadership and influence to help bring about the establishment of a Negro City Hospital in Memphis are Dr. H. H. Johnson (Top) and Dr. A. L. Johnson, life-long friends who came to Memphis together about 10 years ago after completing their interneship at Homer G. Phillips Hospital in St. Louis, Mo. Dr. A. L. Johnson is president of the Bluff City Medical Society, and in this capacity has launched an all-out campaign to create public sentiment in behalf of the hospital. Dr. H. H. Johnson is basileus of Epsilon Phi Chapter of Omega Psi Phi Fraternity, and in his capacity as head of this influential Greek-letter Society is utilizing its Annual Achievement Week Program Sunday to point up the pressing need for such a hospital.



DR. H. H. JOHNSON

These young medical men, both natives of Atlantic City, New Jersey, will be given impetus in the campaign Sunday by the appearance of the eminent physician-educator, Dr. Montague Cobb, of Howard University, Washington, D. C., who will be guest speaker on the Omega Program. Dr. Cobb distinguished writer as well as an educator and medical man, will speak from the richness of his experiences in the field of medicine.

The program, scheduled to be held at Second Congegational Church Sunday afternoon at 3 is opened to the public.



DR. A. L. JOHNSON

DR. MILOUS REESE KEEPS ABREAST WITH LATEST HEALTH RESTORATION METHODS

Some people say "I don't use colored doctors because they don't keep abreast with the latest in health restoration methods by continuing their studies from year to year," That accusation does not apply to Dr. Milous Reese, L.L.D. with clinic office at 330 Graymont Avenue, North, in Birmingham as attested by the diplomas on his office walls from Myopathy and Multi Therapy College, St. Louis Missouri where he earned the N. D. D. C., The American Institute of Science of Indianapolis, Indiana. American Federation of Physio-Therapists National Association of Naturophathic Physio - Therapy College, member Ala. Chiropracti Association. He was the first Negro to be admitted to that body. American Physicians Association, Standard Institute of Therapeutis, American College of Naturopathic Physicians, The National Chriprapatic Association, Philipine Naturopathic Assn., Indiana Physio-Theraphy College where he earned the degree of Doctor of Vitamin-Alogy and Villamore University member N. Y. State Chiropratic Society, Emerson University of Los Angeles, California and the National Medical Society, member International Chiropractors Association Lincoln University Alumni Association. He is also a member of the John A. Andrew Clinical Society, Tuskeegee Institute, Alabama.

Dr. Reese is continuing study on his Ph.D. in Indiana.

Hundreds testify to having their health restored by Dr. Reese at his clinic. He is installing a new machine to facilitate quicker relief for his patients.

He is a member of the National Phi Beta Kappa Fraternity and was recently commissioned as a Notary Public.

He served as Dean of Indiana College of Physio-Therapy. He has been urged to start a school of Chiropractic for Negroes in Birmingham by white physicians and many who would like to study chiropratic.

Dr. C. W. Scott Named Diplomat Of Surgery Group

Dr. C. Waldo Scott, who returned to Newport News to enter the private practice of surgery in August 1948, a member of the surgical staff of Whittaker Memorial Hospital, has received notice of certification as a diplomat of the American Board of Surgery, on the basis examination recently held in Baltimore.

A graduate of Huntington High School, being class salutatorian in 1932, Dr. Scott received his B. S. degree in 1936 and his M. S. degree in 1937 at Howard University, Washington. He graduated with honors from the University Michigan Medical school in 1941.

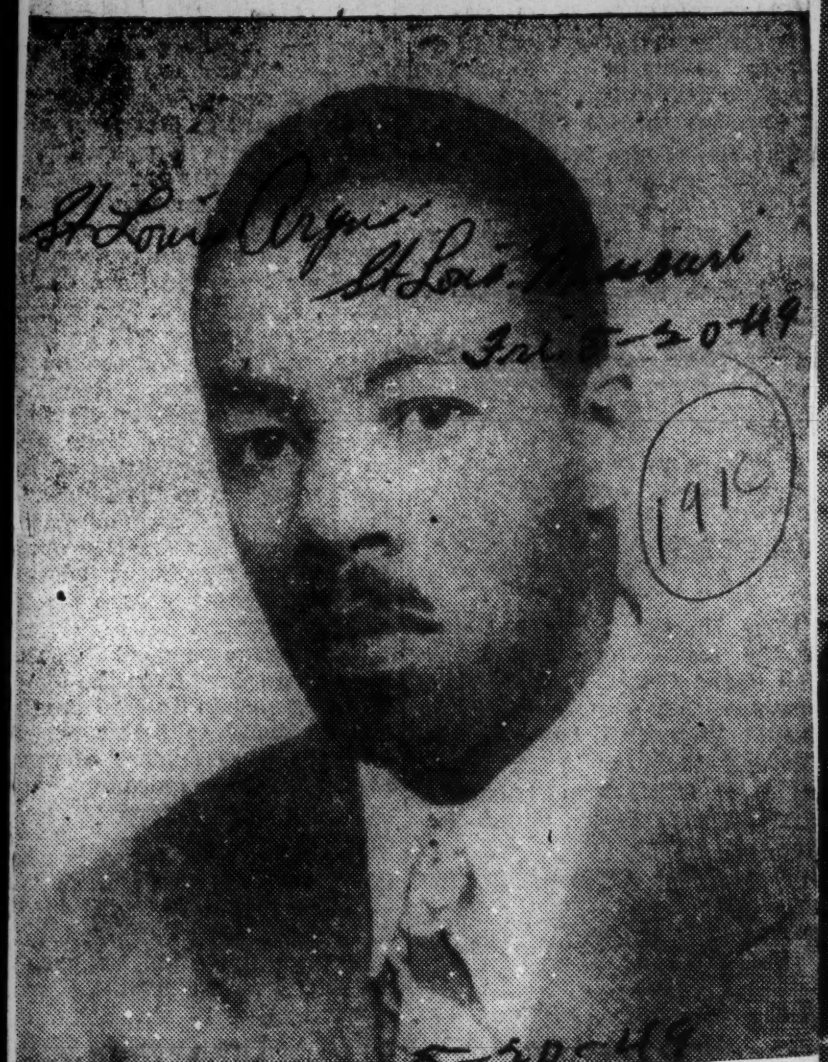
Serving his internship at Cleveland City Hospital, 1941-42, he was resident in surgery at the same hospital in 1942-44. He served as assistant in thoracic surgery, Howerd University Medical School, 1944-48.

Dr. Scott is a member of the National Medical Association, Peninsula Medical, Dental and Pharmaceutical society and the American Trudeau Society.

He is the son of the late Dr. C. Waldo Scott, who practiced medicine in this city from 1917 to 1930. His mother is Mrs. E. P. Gatling, Newport News.

DR. C. WALDO SCOTT

Attains Medical Distinction



Dr. J. Robert Gladden, Lincoln High school, East St. Louis graduate, is the first and only member of his race to be recognized as an orthopedic surgeon. He passed all requirements for certification by the American Board of Orthopedic Surgery, an honor recently obtained by him. He is a product of Long Island U. and Meharry Medical college. He resides in Washington where he is on the Orthopedic staff of Howard U. and Freedman's hospital.

D.C. Doctor First Bone Specialist

WASHINGTON — Dr. J. Robert Gladden, on the Orthopedic staff of Howard University medical school and the Freedmen's hospital, was certified recently by the American Board of Orthopedic surgery as the first Negro physician to qualify as a specialist in diseases of the bone and joint.

Dr. Gladden is a graduate of Long Island University and Meharry medical college, and served his interneship at Provident hospital at Baltimore, Md. He is the author of several articles appearing in the leading surgical journals, and is the first resident in Orthopedic surgery at Freedman hospital.

DR. C. R. DREW (standing), visiting medical consultant in blood transfusion and blood storage, is shown at the 98th General Hospital conferring with Major Helmuth Spinz, Cleveland, Ohio, chief of Laboratory Service at the 98th General Hospital, Frankfurt, Germany. Dr. Drew is the famous Negro physician who discovered plasma.

DR. CHARLES DREW TO EUROPE AS ARMY MEDICAL CONSULTANT

FRANKFURT Germany— Under auspices of the Civilian Consultant Program sponsored by the Surgeon General's Office of the Army, Dr. Charles R. Drew, noted Negro physician and authority on hematology, recently accompanied a group of leading civilian medical specialists to the European Command where he served as a consultant to the Medical Corps on problems of blood transfusion and blood storage.

The Surgeon General's Office periodically sends representative groups of the nation's leading civilian physicians to medical installations in overseas commands with the general mission of imparting to Army medical personnel the newest developments and information on medical operations and procedures.

Here at the 97th General Hospital, Dr. Drew conferred chiefly with personnel of the Laboratory Service, headed by the Major Helmuth Sprintz of Cleveland, Ohio.

Dr. Drew, a resident, of Washington, D. C. is a pioneer in the field of blood therapy and by his experimentation in blood preservation he developed techniques now used universally in the preparation of blood plasma for transfusion. In 1940 he began the so-called "Blood for Britain" project in the Presbyterian Hospital in New York City. This project was the first effort in this country to collect large quantities of blood from voluntary donors to be used for military purposes. Throughout World War II, dried blood plasma, prepared by processes developed by Dr. Drew, was used in combination with sterile water on all battle fronts to combat shocks from hemmorhage, injuries, and burns..

Pioneer

Dr. P. R. Higginbotham of Bluefield, who was recently appointed to the State Board of Health in West Virginia.

Dr. Drew On Mission In Occupied Germany

By LOUIS LAUTIER

WASHINGTON, D. C. — Dr. Charles Drew, head of surgery at Freedmen's Hospital and in the Howard U. Medical School, is a member of a teaching team of faculty members from colleges of medicine which is touring the European theater, visiting United States Army hospitals in an effort to bring up to date the techniques of Army physicians who are on duty over there and have not had an opportunity to attend clinics and seminars. He will be gone about 90 days. Frank Jones, a specialist in urology, will accompany the next team in the fall.

19k 1949

Appointment Of Race Medics Gains In N. Y.

NEW YORK — (NNPA) — The appointment of colored doctors to hospital staffs in New York City has increased with improvement in the educational background and training of the individual physician, the Hospital Council of Greater New York said in disclosing last Wednesday that more than 75 per cent of colored doctors here have at least one staff appointment.

In a study of hospital staff appointments open to colored doctors here, the Council disclosed that as of January 1, 1948, there were 225 colored doctors licensed to practice in New York, of whom 207 were men and 18 were women. This group, the report said, constituted 1.3 per cent of the total number of physicians in the city.

A higher percentage of colored doctors, 170 or 75.6 per cent, had some type of hospital appointment than did other physicians in the city whose staff appointments constituted 69.9 per cent.

These 170 colored doctors held 258 different appointments in thirty-two hospitals, distributed among seventeen voluntary hospitals, eight municipal hospitals and seven private hospitals. Of the total appointments, fifty-nine were in voluntary hospitals, 127 in municipal hospitals and 72 in private hospitals.

Regular staff appointments were held by 136 or 60.4 per cent of the colored doctors, the report said, with the percentage of all physicians with this type of appointment being only 59.9.

But the percentage of colored doctors (46.2) having appointments with private patient privileges was considerably lower than the 61.1 per cent for all physicians, the report pointed out.

Despite the figures on the numbers of colored doctors holding such appointments, the report warned against drawing the conclusion that hospital staff opportunities for colored doctors in New York "are greater or at least equal to those of all physicians in the area. That this is not the case is evident from more detailed analysis," the report asserted.

The analysis then points out that 103 of the colored doctors with regular staff appointments held these in municipal hospitals only and that eighty-eight of these connected with municipal institutions held their appointments in one institution. This was presumably Harlem Hospital.

The remaining fifteen were on the staffs of five municipal general hospitals and six of the municipal general hospitals had no colored doctors at all.

Only thirty-three colored doctors had regular staff appointments in a voluntary hospital. This number constituted 24.3 per cent of all the colored doctors, while among the white doctors the comparable percentage was 82.1.

The regular staff appointments for the thirty-three colored doctors were distributed among thirteen of the voluntary general care hospitals in the city. The majority of these appointments in one hospital, Sydenham, which has now become a municipal hospital. Mount Morris Park Hospital in Harlem was not in existence at the time of the analysis.

Because a physician has a regular hospital appointment does not mean that he has hospital facilities at his disposal, in which he can care for his private patients. Nearly half of the 136 colored doctors with regular appointments have no private patient privileges at any of the hospitals which reported, the survey showed.

Asserting that a staff appointment which provides opportunities for a doctor to care for ward or out patients and at the same time offers him the privilege of treating private patients is the most desirable, the report said that only 14.2 per cent of the total of 225 doctors held such appointments. The comparable percentage among all the doctors in the city was 7[illegible] per cent.

Of the 225 physicians surveyed, the report revealed that 165 had offices in Manhattan, 37 in Brooklyn, 13 in Queens, and 10 in Bronx. Slightly more than half of the doctors were graduates of two medical schools, Howard University with ninety-eight and Meharry College with thirty. An additional seventy-two were graduates of other medical schools in this country, fourteen from schools in Canada and eight from schools in foreign countries. The medical school of three colored doctors was not determined, the report said.

Summing up its study, the report said: "Although on a statistical basis the Negro doctors fare as well as other doctors in the number of hospital appointments, this analysis indicates that the staff opportunities for these physicians are limited. Many of the limitations to which the Negro physician is subjected ap-

ply to many other physicians who do not have hospital appointments. It is evident that a greater number of hospitals must extend staff privileges to Negro physicians before an effective program can be realized."

170 of New York's 225 Physicians on Staffs of 32 Hospitals in City

Percentage Higher Than for White Medics, but Council Says Setup Far From Desirable

NEW YORK (NNPA)—The appointment of colored doctors to hospital staffs in New York City has increased with the improvement in the educational background and training of the individual physician, the Hospital Council of Greater New York said last Wednesday.

More than 75% of the colored doctors here have at least one staff appointment, the council disclosed.

The council disclosed that as of Jan. 1, 1948, there were 225 licensed colored doctors registered to practice in New York, of which 207 were men and 18 were women. This group, the report said, constituted one and three tenths per cent of the city's total.

A higher percentage of colored doctors 170 or 75.6% had some type of hospital appointment than did other physicians in the city whose staff appointments in percentage was 69.9.

In 32 Different Hospitals

These 170 doctors held 258 different appointments in 32 hospitals. These appointments were distributed among 17 voluntary, 8 municipal and 7 proprietary hospitals. Of the total appointments, 59 were in voluntary hospitals, 127 in municipal, and 72 in proprietary.

Regular staff appointments (opportunities to care for patients in the out-patient department or general wards) were held by 136 or 60.4% of the group, with the percentage of all physicians with this type of appointment being only 59.9.

But the percentage of colored doctors (46.2) having appointments with private patient privileges (opportunity to treat private patients in a hospital) was considerably lower than the 61.1% for all the physicians, the report pointed out.

Not as Pretty as It Sounds

The report warned against drawing the conclusion that hospital staff opportunities or colored doctors in New York are greater or at least equal to those of all physicians in the area. That this is not the case is evident from more detailed analysis," the report asserted.

The analysis then points out that 103 of the doctors with regular staff appointments held these in municipal hospitals only and 88 of those held their appointments in one institution. (This was presumed to be Harlem Hospital: Editor's Note)

The remaining 15 were on the staffs of five municipal general hospitals, and six municipal general hospitals had none at all. Only 33 had regular staff appointments in a voluntary hospital. This number constituted 24.3% of all the colored doctors, while among the white doctors the percentage was 82.1.

98 Graduated From Howard

The 33 colored doctors were distributed among 13 voluntary general care hospitals. The majority of these appointments were in one hospital, Sydenham, which is now a municipal hospital. The report pointed out that Mount Morris Park Hospital in Harlem was not in existence at the time of the analysis.

Of the 225 physicians surveyed, 165 maintain offices in Manhattan, 37 in Brooklyn, 13 in Queens, and 10 in the Bronx, slightly more than half were graduates of two medical schools Howard with 98 and Meharry with 30. An additional 72 were graduates of other medical schools in this country, 14 from schools in Canada and 8 from schools in foreign countries.

SKIP VITAL PROFESSION:

N. C. Can Boast of Only 2 Women Physicians

By Staff Correspondent

CHARLOTTE, N.C.—Women medical doctors in North Carolina are very few. In fact, there are only two, Dr. Catherine T. M. McCottry of Charlotte and Dr. Miriam N. Muldrow of Whiteville.

Good looking, 28-year-old Dr. McCottry, who is married to a physician, Dr. T. M. McCottry of Charleston, S. C., told the AFRO, "Men will call women doctors only when they cannot do differently. There is no doubt that men are bigger babies than women; why even baby girls can stand more than the boys."

Ninety-eight per-cent of her practice is female for she gives her attention to Womn's diseases. Dr. McCottry said that the two per-cent male trade only comes in for pills and some of them are ashame to do that.

Interned in St. Louis

She did her college work at Barbr-Scotia College, Johnson C. Smith Univrsity and Howard's school of medicine. Her internning was done at Homer G. Phillips in St. Louis and the residency at Good Samaritan Hospital in the medic's native home.

The young physician is also helping with the city clinic for three years. Dr. G. A. Lowe is an associate in the clinic.

The female doctor also examines the girls at Barber-Scotia surgery included in services as a woman doctor could do better job and had more understanding of things.

Instructs Midwives

Dr. McCottry also helps with the instruction of Midwives. Mrs. Sampson, nurse, is head of the project.

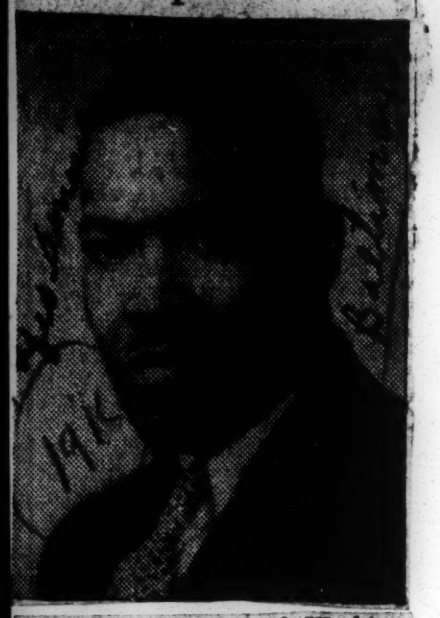
Dr. Muldrow finished medical school at Howard, also her undergraduate work in 1930. She has a modern clinic in Whiteville.

Plans are now on foot to build a modern hospital there with

19k 1949

American Board of Oral Surgery

Diplomat



Dr. John A. Turner of Washington has been certified as a Diplomat of the American Board of Oral Surgery. He is head of the department of oral surgery in the College of Dentistry at Howard University and chief of the division of oral surgery at Freedmen's Hospital. Doctor Turner belongs to Phi Beta Sigma and Chi Delta Mu fraternities and is a charter member of Pi Pi chapter of Omicron Kappa Upsilon dental fraternity. He is chairman of the section on oral surgery of the National Dental Association.

College of Surgeons
Holds Clinical Congress

By Ted Coleman

Chicago-Medical Men of many races and creeds from all corners of the globe, fused their minds into one single trend of thought last week-saving human lives- as the American College of Surgeons annual Clinical Congress convened at Stevens Hotel.Differences in color and race were forgotten as they delved into problems under the skin.

Many new techniques and discoveries in surgery were demonstrated in lectures, pictures and via a special television hook-up at the hotel early in the week. The visiting physicians spent several hours at city and county hospitals where difficult and unusual operations were performed. Provident Hospital was the scene of two of these demonstrations Thursday.

Life Line for 400,000

Provident,located on Chic ago's teeming South Side, is the life line for over four hundred thousand persons. It is the focal point of medical learning for many young Negro doctors and nurses and boasts of turning out some of the world's most renowned physicians and surgeons.

It is the hospital where the late Dr.Dan Williams startled the world some years ago by performin what was then considered, an almost unbelievable heart operation with great success.

This historic feat was brought to the minds of many of the medic when progress being made by American nedicine in breaching its last frontier of surgery, the human heart, was d scribed Tuesday at the Stevens Hotel.

All other parts of the human body, including the brain have been probed by the surgeons knife, but the heart still is virtually unexplored, the delegates explained. They learned of a new technique in which a knife is secured to the surgeon's index finger, to cut by touch alone inside the narrow confines of the heart's mitral valve.

RARE OPERATION

During the session at Provident, a group of visiting surgeons attending an examination of a young boy who will undergo a rare operation for a congential defect at the hospital within the next few days.

The youngster was flown from Louisville, Ky,, at the expense of a Chicago citizen who became interested in the rare case.

This meet is followed by the International College of Surgeons at the organizations headquarters on Lake Shore Drive this week.

Courier
Sat. 10-29-49
Pittsburgh, Pa.

Volunteer Mixed Hospital Sets Fine 1st Year Record

Harlem Venture Kept Death Rate Below 1%; 7 Doctors on Staff Members of Fellows

By JAMES L. HICKS

NEW YORK, N.Y. (NNPA)—Every one of the seven colored doctors in New York City who Fellows of the American College of Surgeons are also members of the staff of the Mount Morris Park Hospital, the nation's only voluntary interracial hospital which is located in Harlem, it was disclosed by officials of the hospital last Thursday.

This information was revealed at a press conference held at the hospital by William A. Traynham, executive director of the hospital, as he gave a review of the institution's first year of operation. It opened in the heart of Harlem last November.

The report showed that 75% of the cases handled by the 52-bed hospital are surgery cases and that of the 975 cases handled up to last Thursday there had been no deaths from surgical operations. The death rate of all patients for the year was less than 1%, with a total of 11 deaths.

Vital Statistics

Although other statistics on the hospital's activities were not immediately available, a summary up to June, 30 showed:

Six hundred and seventy-four patients admitted, 37 beds in operation, 43 children treated, 399 operations, 1127 laboratory examinations, 40,428 meals served, 4,904 patient days of care, a cost of $14.62 per patient day, an average number of 300 employees and about $42,000 paid to employees.

A tour of the hospital conducted by Mr. Traynham showed it to have two complete modern operating rooms, a well equipped X-ray room, an examination room a patholgical room, a spotless interior and modern kitchen and diet room. Dr. Cecil Marquez, hospital president, told the press that there is no colored pathoiogist in New York.

Two Resident Doctors

There are two resident physicians living at the hospital who are on duty at all times. They are Drs. Percival Lipsett and Eustace Corbin. A modern seven-story fireproof building, Mt. Morris was organized in 1946 when every colored and white physician in Harlem was invited to participate in a co-operative venture.

Personnel Listed

The seven Fellows are:

Drs. Farow Allen, Peter Marshall Murray, Aubre Maynard, George Thorne, Robert S. Wilkerson, Louis Wright and Ralph Young. Roentgenologists are Drs George Cannon, Aubrey Gittens, John Moseley, John Randolph and Hadley L. Scott. Dr. Robin I. Bennett is vice president; Dr. Hyacinth Davis, secretary, Dr. S. A. Gadsby, treasurer, and Herbert Kaufman, chairman of the directors' board.

Mr. Traynham said the hospital is supported 99% by its patient intake. He gave much credit to the Women's Auxiliary under the direction of Mrs. Rosa L. Blocker and her co-chairman, Mrs. Mable K. Stauphers, newly elected president of the National Association of Colored Graduate Nurses.

9 star mixed holy no 9

Exclusion From City Auditorium Protested

DAYTONA BEACH (ANP)—An official ruling that there were no accommodations for colored in the new $750,000 city auditorium was protested here last week by a group composed of minority group citizens.

The ruling was announced earlier by Chairman Richard Primm of the auditorium advisory board. Primm stated that there just were not any accommodations for colored people in the new building.

LOUISVILLE — (ANP) — Among the members sworn in last week to the Louisville Board of Tax Equalization was M. M. Bonner, real estate dealer, who with the home of Dr. Mary McLeod Bethune to consider how to proceed in order that they might obtain some use of property acquired through expenditure of funds collected from taxpayers, regardless of race.

Acting Mayor Dann C. Byck.

BONNER MADE MEMBER OF LOUISVILLE TAX BOARD

Doctors Wary of AMA's Bid

Afro-American

See Effort to Block Health Bill Action

Sept. 8-20-49

DR. COBB VOCAL

Never Been Allowed at Sessions Before

WASHINGTON

Physicians in Washington are skeptical of the invitation by the American Medical Association asking them to attend clinical sessions at a meeting here Dec. 8-9. They are hailing AMA's "glad hand" tactic as a political move.

Dr. W. Montague Cobb of Howard University told the AFRO he considers the AMA invitation and the recent appointment of a colored doctor to its policy-making body at this time "merely a political move."

19k

The majority of the doctors that the AFRO was able to contact maintain the traditional silence of the members of the medical profession here.

However, some who did not allow their names to be published, voiced the same opinion as that of Dr. Cobb, who is in Detroit where the American Medical Association is holding its annual convention, out of which came the invitations.

Why 'Open Arms' Now

The AMA branch in the District of Columbia and throughout the country, except in a few northern localities have previously barred colored membership and failed to allow them to attend the sessions.

Now, says Dr. Cobb, they become magnanimous and invite us all of a sudden with open arms. "Beware of Greeks bearing gifts." they say.

The AMA is opposed to the national health bill and is using every means at its command to defeat it. It is for this reason that colored doctors believe this AMA gesture is just an effort to solicit their support in trying to defeat the national health measure.

The AMA invitation was extended to colored doctors attending the convention by Dr. George F. Lull, secretary and general manager.

Earlier, it had been announced that Dr. Peter H. Murray, a past president of the National Medical Association, had been named to the policy making body of the AMA. This is the first time a colored person has ever been chosen to that group.

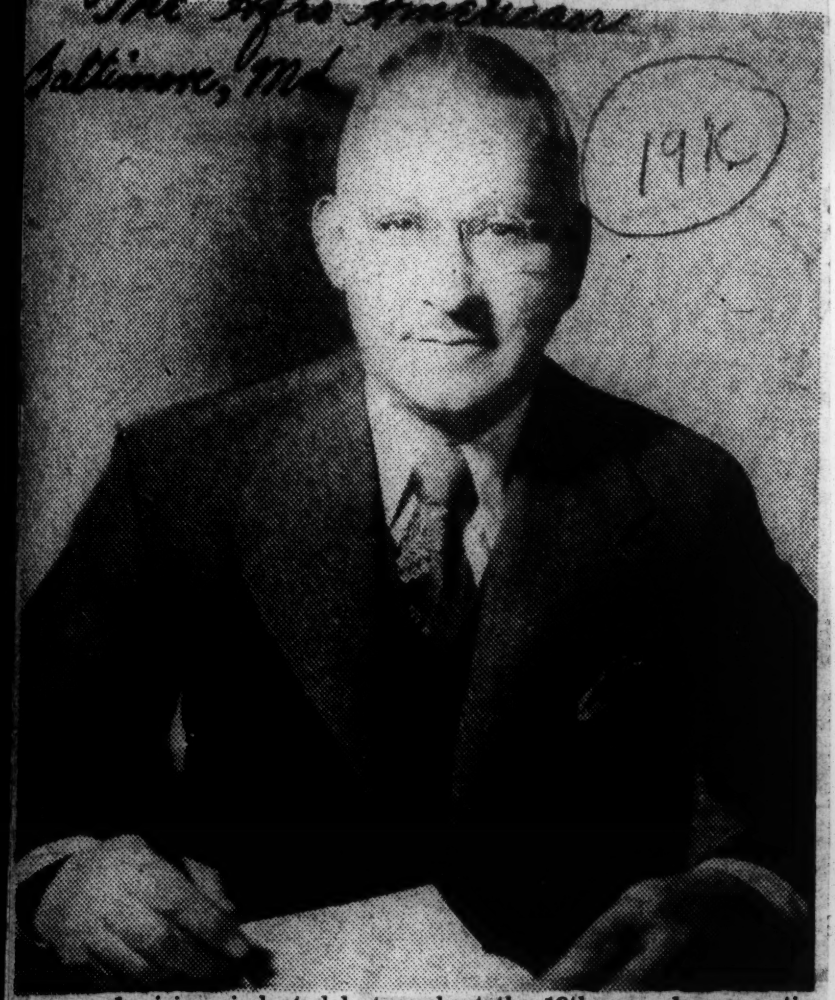
Dr. Murray is director of the department of gynecology at Harlem Hospital.

The doctors attending the convention were told by Dr. Lull, "Your membership in the National Medical Association will admit you to all clinical sessions of the AMA's mid-winter meeting. It will be honored on the same basis as a fellowship card in the AMA."

19k 1949

Inducted Into College of Surgeons

The Afro American
Baltimore, Md
19K



Among physicians inducted last week at the 13th annual convocation of the United States chapter of the International College of Surgeons in Kiel Auditorium, St. Louis, was Dr. Charles H. Garvin (above) of Cleveland, who was made an affiliate. Sat. 1-3-49

Catholic schools here reflect increase in Negro enrollment

Tribune, Los Angeles, Calif.
Sat. 3-12-49

A survey of Negro students in Jesuit high schools and colleges for 1948-49, showed Loyola high school here as one of 30 secondary schools reporting for the first time that it now admits Negroes.

Loyola has two Negro students, a statistical survey in the Interracial Review, a national Catholic publication, said. Sat. 3-12-49

Number of Negroes in Jesuit high schools has risen to 33, the survey said; in Jesuit colleges and universities, to 887. Tribune

Loyola University here has 10 Negro students; the University of San Francisco has 13. There are none at the University of Santa Clara. Largest number attends St. Louis University, which jumped from 150 Negro students in the period from 1946-47, to 276. Los Angeles Sentinel

Chicago's Loyola University has 236, Fordham 96, and the Catholic University of Detroit, 90. The ratio of Negroes in Jesuit Universities, which have a total student enrollment of 81,020, is 1:90.

Ratio of Negroes in Catholic secondary schools, which have 18,820 students, is 1:569. Largest number, six, attends St. Ignatius high school, Chicago. Sat. 3-12-49

California

Dr. Traylor On Pasadena Hosp. Staff

Sentinel

PASADENA — The board of management of the Collis P. and Howard Huntington Memorial hospital made a bit of history recently when it elected Dr. Adolphus R. Traylor, staff member of this renown institution.

DR. A. R. TRAYLOR

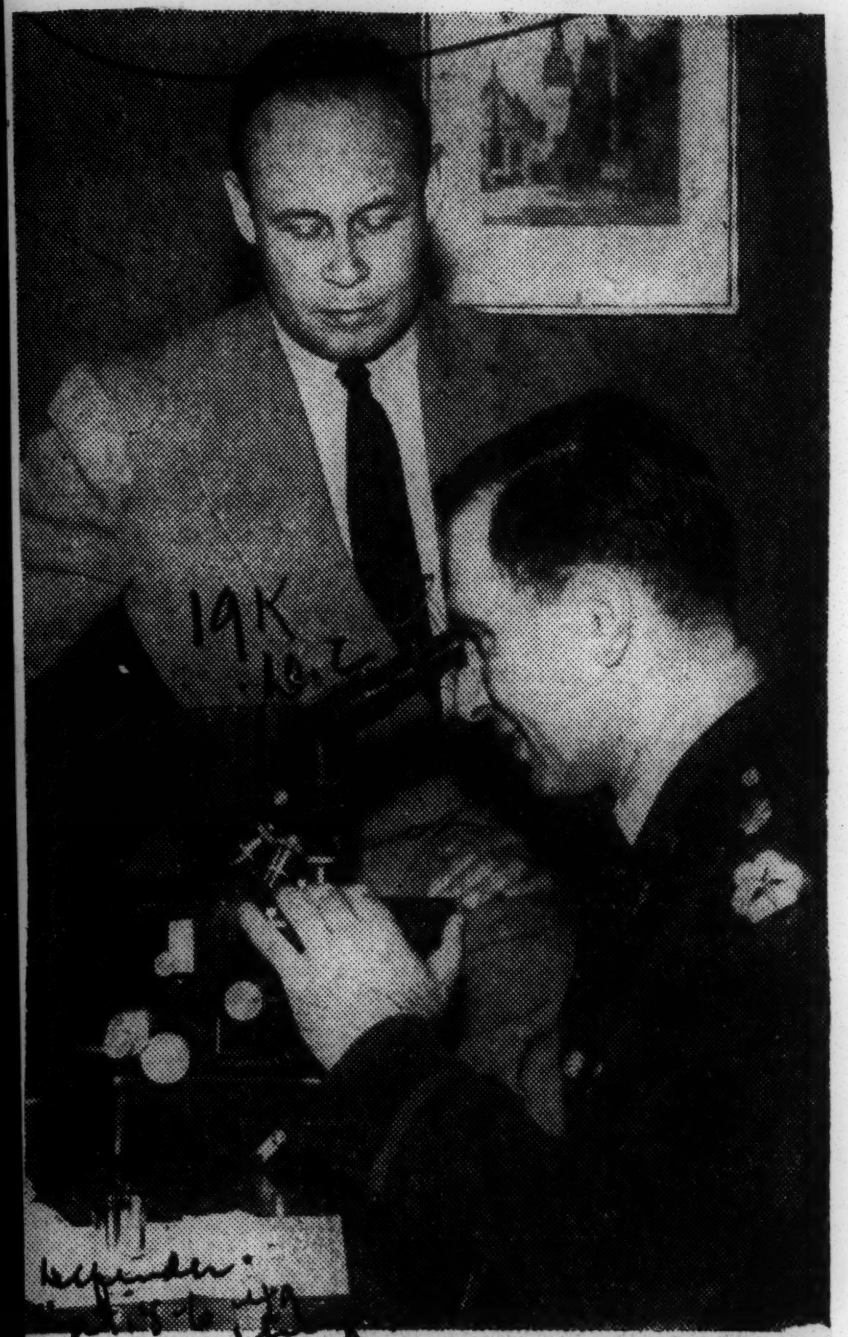
He is one of the first members of a minority group to enjoy the full privilege as a staff member in this institution. His selection on ability alone is an indication of the esteem with which he is held by the medical profession and the community. Los Angeles Sentinel 12-15-49

Dr. Traylor is a native of Los Angeles and a graduate of UCLA, class of '35. He finished medical training at Meharry Medical college in 1940 and later served four years in the army medical corp. in the South Pacific. He is now a colonel in the medical reserve corp. Since his release from the army, he and his wife and two children have made their home here.

Dr. Traylor has been an ardent and tireless campaigner for the rights and interest of the minority groups and has just recently been elected as president of the local branch of the NAACP for the third time.

19k 1949

D.C.



DR. C. R. DREW (standing), visiting medical consultant in blood transfusion and blood storage, is shown at the 98th General Hospital conferring with Major Helmuth Spinz, Cleveland, Ohio, chief of Laboratory Service at the 98th General Hospital, Frankfurt, Germany. Dr. Drew is the famous Negro physician who discovered plasma.

Conducts Seminar On Neuroanatomy

Dr. M. Wharton Young, associate professor of anatomy, Howard University medical school, Washington, D. C., recently conducted a brilliant seminar for one week in neuroanatomy at Veterans, Administration Hospital, Tuskegee, Ala., in an intensive course in neurology now in process at that institute. Dr. Young has the honor of being one of ten outstanding teachers (the only Negro) selected by the Veterans' Administration from various leading medical schools over the country to give the course.

DR. CHARLES DREW MISSED HOWARD BY TWO ENGLISH CREDITS

Washington(ANP)-Except for a shortage of two semester hours of English, Dr. Charles Drew, world famous blood specialist and surgeon, would have attended the Howard University Medical School. Today, he is head of the Department of surgery at Howard. When after an excellent college record academically and athletically at Amherst College, Drew applied for admission at Howard, he was refused because he had only six semester hours of English. Howard required 8 hrs. Since Amherst required only 6 hours, Drew applied elsewhere. At McGill, he made Alpha Omega Alpha, honorary medical fraternity. Dr. Drew has achieved international fame for his blood bank work in New York.

St. Louis, Mo.
Argus
Fri. 11-25- 49

NEW DRUG FIRST USED BY HARLEM PHYSICIANS

New York—Tracing the development of the use of aureomycin, a new wonder drug, Dr. Louis T. Wright, chief of the surgical staff of Harlem Hospital and chairman of the NAACP Medical Committee, has asserted priority in the use of this drug in human beings.

The question of priority was precipitated by a paper by Dr. Paul A. O'Leary published in The Staff Proceedings of the Mayo Clinic. This paper credited Dr. Morton S. Bryer of Johns Hopkins Medical College with the first published report of the clinical use of this germ-and-virus destroying drug which many physicians already rate as more effective than either penicillin or streptomycin.

Eleven Negro Physicians Awarded Polio Scholarships

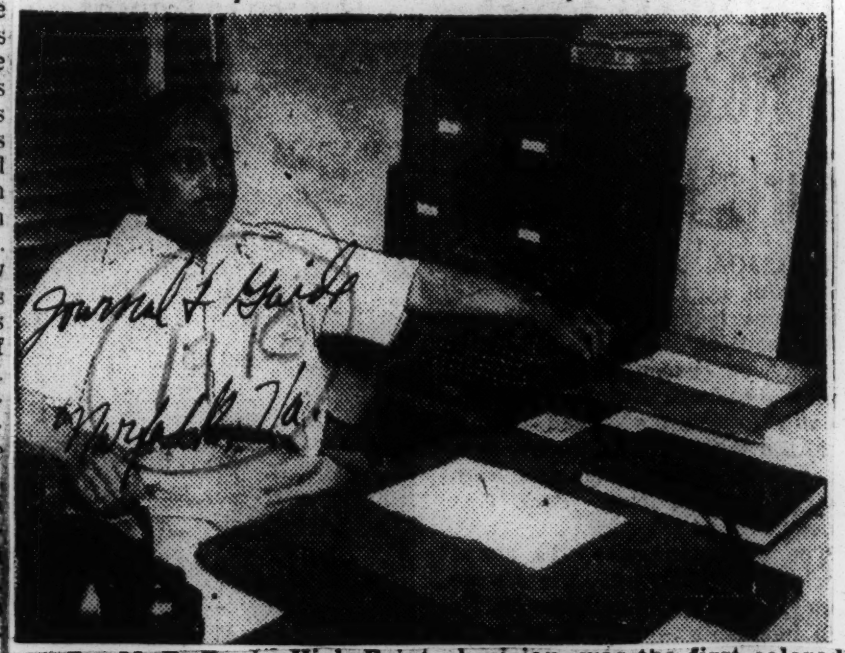
WASHINGTON, D. C.—(SNS)—Eleven 1948-49 scholarships have been awarded to Negro physicians for studies preparing them to give better care to infantile paralysis patients. Funds for these awards were made possible by contributions to the March of Dimes, annual fund raising appeal of the National Foundation for Infantile Paralysis, which this year takes place January 14-31. This information was revealed by Charles H. Bynum, the Foundation's Director of Interracial Activities as he stressed the need for support of the 1949 March of Dimes campaign.

Dr. Edward L. Davis, Winston-Salem, N. C., and Dr. Justin Plummer, Roanoke, Va., attended the Knickerbooker Hospital (New York, N. Y.) refresher course in care and treatment of infantile paralysis patients. Dr. John Manly, Howard University, Washington, D. C. and Dr. John Chenault, Tuskegee Institute Infantile Paralysis Center, attended similar courses at Boston (Mass.) Children's Hospital.

Dr. T. M. Campbell, Tuskegee Institute, has just completed study at Meharry Medical College. Dr. Oliver Crawford, Aurora, Ill.; Dr. Robert Nesbitt, Chicago, Ill., and Dr. Colbert Davis, Chicago, Ill., have begun their second year of training through renewal of prior awards.

Dr. Hernandez LaBranche, New Orleans, La., is studying at Children's Hospital, Chicago, Ill, under an award made for the current school year. Grants were also awarded on January 1st to Dr. Walter H. Payton, Washington, D. C., for study at Children's Hospital and Howard University; and to Dr. Starks J. Williams, Orangeburg, S. C., for study at Meharry Medical College.

Holds Important Post On Hospital Staff



Dr. M. B. Davis, High Point physician, was the first colored person to be admitted to the staff of the High Point Memorial Hospital in High Point, N. C. He became affiliated with the staff in 1940 and is at present chairman of the credentials committee of the staff.

Since that time all local colored physicians have been admitted to the hospital staff and it is now possible for qualified colored surgeons to be admitted to its surgical staff.

Discovery Of Preventive For Primary TB Announced

By SY FRIEDMAN
International News Service
Staff Correspondent

CHICAGO—(INS)—A preventive for primary tuberculosis was announced Friday by a physician who has been experimenting with BCG Vaccine in Chicago for 13 years.

He is Dr. Robert A. Black, head of the pediatrics department at Chicago Mercy Hospital and a member of the Mayor's BCG Committee.

Dr. Black reported in the current issue of the American Journal of Diseases of Children, published by the American Medical Association, that BCG Vaccine is absolutely safe, provided it is properly produced and administered.

BCG stands for bacillus calmette guerin, named for the French scientists Calmette and Guerin who announced the development of the strain of bovine tubercle bacilli that has lost its virulence.

The vaccine is a preparation of this bacillus that has been grown over a period of years.

Dr. Black said, however, it has no value in treating tuberculosis.

His 13-year study of the vaccine was the longest of its kind in the United States. More than 1,400 newborn babies and 850 children were vaccinated with BCG during the study. Control groups of unvaccinated babies and children were used to test the value of results obtained.

Dr. Black stated that after a

CHILDREN REACT

single vaccination, 99.7 per cent of the babies and children reacted to tuberculin. Of these, he continued, 79.85 per cent still reacted after six years.

The physician reported seven deaths from tuberculosis occurred in the control groups, and one in the vaccinated groups. In the latter instance, he said, the vaccination was considered either a poor one of a "no take."

The report said that X-Ray films showed evidence of tuberculous infection in 11 vaccinated children, but in all cases healing took place easily or the infection was mild.

TUBERCULOSIS INFECTION

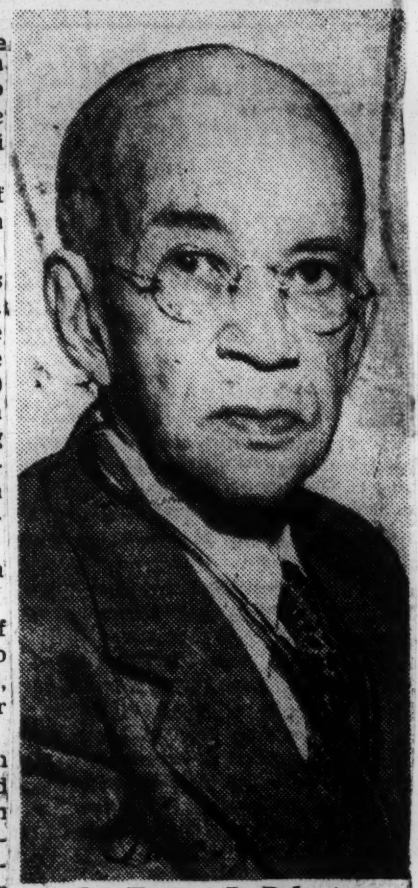
Among the unvaccinated groups, Dr. Black stated, 39 children showed evidence of tuberculous infection. In many of these, he added, the disease was of two of three years' duration and three are still actively ill.

Dr. Black concluded from these and other results:

"BCG vaccination is absoluetly safe and BCG vaccination prevents, up to a certain extent, the development of primary, virulent tuberculosis, as well as the primary, progressive phase of the disease."

Dr. Black recommended that a prigram of BCG vaccination begin with babies and school children through organized health groups and not by individual doctors.

A PIONEER IN HARLEM



Dr. Eugene P. Roberts
The New York Times

NEGRO DOCTOR, 81, 'OLDEST' YET ACTIVE

Grandson of Slaves Believes Too Many 'Firsts' Are Listed for His Race

By GEORGE STREATOR

Dr. Eugene Percy Roberts has practiced medicine in New York since 1894 when he was graduated from the old New York Homeopathic and Flower Hospital, now the New York Medical College, Flower and Fifth Avenue Hospitals. In his eighty-first year he is still in practice and believes he is the oldest Negro doctor in the metropolitan area.

He bought his present residence at 130 West 130th Street in 1917 when he moved to Harlem from 148 West Fifty-third Street, where he was located for twenty-three years. It was his plan yesterday to be photographed with his brother, Dr. Charles H. Roberts, 75, a dentist, "but Charles is reticent about being photographed," he said.

The brother has been more active in politics, and in 1919 was

Dr. Roberts said four of the children of the former slaves were educated at Lincoln University in Pennsylvania through the interest of the local Negro minister, the two brothers in this city survive.

Dr. "E. P." as the physician is called by his friends, said his parents were born in slavery in Louisburg, N. C. There were nine children including a sister and a half-brother who died last year in Winston-Salem, N. C., at the age of 86.

He was the Rev. J. C. Alston, who had served a Negro Presbyterian Church for more than fifty-seven years. Only two survive.

Now located at 409 West 141st Street, this church was founded by the Rev. James Presby-Fifty-third Street, and for fifteen years was a member of its board of management. For many years he was a member of the interracial committee of the Boy Scouts of America and is now a delegate-at-large to the committee. Dr. Roberts started in the Abyssinian Baptist Church and was also founder of the original church which was started in "the Tenderloin," a slum area in the Thirties and Forties New York Urban League.

He worked with the Howard Orphanage of Long Island, was a founder of the Harlem Committee of the Tuberculosis and Health Association, then in the Y. M. C. A., one of the organiz-

The physician said he was a graduate of Lincoln. He was also one ers of the

sociation, and a charter member of the first Negro medical society set up in New York, about 1898, he said.

Dr. Peter H. Murray Chosen to House of Delegates of AMA

New York Physician Is First Member of His Race Thus Honored by 103-Year Old Medical Society

Detroit, Mich.—The American Medical Association, the most noted body of physicians in the world, announced this week that for the first time in its history, which has extended over a period of 103 years, a colored physician is to be seated as a member of its House of Delegates.

The physician thus honored is Dr. Peter H. Murray of New York City, an eminent graduate of Howard University. He will attend the annual meeting of the AMA to be held in San Francisco next June.

Dr. Murray who is 61, is a native of New Orleans, La. He graduated from Howard in 1914. From 1918 to 1920 he was Assistant Surgeon in chief at Freedman's Hospital, Washington, D. C. At present he is Director of the Department of Gynecology at Harlem Hospital and an associate at Sydenham Hospital, New York. He is a member of the Comita Minora (Executive Committee of the Medical Society of the County of New York), President of the National Medical Association from 1930 to 1931; Fellow of the New York Academy of Medicine; Diplomate of the American Board of Obstetrics and Gynecology; Fellow of the American College of Surgeons and Fellow of the International College of Surgeons. For the past 12 years, he has been a member of the House of Delegates of the Medical Society of the State of New York.

The AMA House of Delegates, to which Dr. Murray has been elected, is composed of approximately 190 physicians from the United States and its territories.

This unprecedented action by the AMA is viewed by many as an invitation to the colored physicians of the country to unite with the white physicians in an attack on the movement for "socialized medicine." Up to now it has appeared that many leaders in the National Medical Association have manifested a favorable attitude toward the proposal called "socialized medicine."

Negro Doctors Invited to D. C. AMA Meeting

Detroit, Aug. 9 (AP).—The American Medical Association today invited Negro doctors generally to attend clinical sessions at its midwinter meeting at Washington, D. C., December 6 to 9.

The invitation was extended to Negro physicians attending the annual convention of their National Medical Association. It came from Dr. George F. Lull, secretary and general manager of the AMA.

Dr. Lull told the doctors that your membership in the National Medical Association will admit you to all clinical sessions of the AMA's midwinter meeting.

"It will be honored on the same basis as a fellowship card in the AMA," he declared.

Earlier, it was announced that Dr. Peter H. Murray, a past president of the NMA, had been named to the policy making body of the AMA. It was the first time a Negro had ever been chosen for that group.

Dr. Murray is director of the department of gynecology at Harlem Hospital, New York.

Our Opinions

Negro And White Doctors

FOR years Negro physicians, particularly in the South, have been knocking at the doors of the American Medical Association without getting a very satisfactory answer. Now comes the announcement that Dr. Peter M. Murray, a distinguished Negro physician, has been appointed to the policy-making body of the AMA.

In Detroit last week some Negro doctors voiced a suspicion that the AMA is changing its attitude toward their colored colleagues because they want help in killing Truman's health-insurance program.

From where we sit we cannot tell just what is cooking in the American Medical Association, but we do know that a great many AMA leaders have been raising the roof over the Truman plan. Nevertheless we believe that the AMA should be commended for their appointment. We know that many right things have been done for the wrong reason.

At the same time we know that Negroes all over America are victimized for lack of medical care. The AMA leaders say that Mr. Truman's plan is too socialistic although they are forced to admit that we are not getting proper medical attention.

We do not want socialism in America any more than the AMA leaders, but we do believe that the health of the nation must be cared for and the present care is inadequate. It is easy to call a thing socialistic or communistic if you don't like it. That is a quick way to turn the people against it.

Grand Dragon Green used that trick recently when he was embarrassed by Klan violence in Georgia. He told the press that the violence was caused by some "Bolsheviks from Columbus, Georgia." who had on Klan regalia. It was a funny story but it did not fool anybody.

The Truman health-insurance plan should be seriously considered by our Negro doctors in the light of the needs of the people. They should not be bamboozled by the AMA big shots who welcome them into their house whenever they need a little extra help in the kitchen.

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2 Savannah Doctors Charged With Income Tax Evasions

Daily World Atlanta, Ga. 19K Thu. 6-23-49

SAVANNAH, Ga. — Two socially prominent doctors of this city were fined $10,000 each in Federal Court here Tuesday on charges of Income Tax evasion.

The convicted men are Dr. Stephen M. McDew, Jr., and Dr. Nathanial H. Collier, a Dentist.

The Bureau of Internal Revenue charged each with five counts of Income Tax evasion from 1943 through 1947. Federal Judge Robert Russell at the conclusion of the trial levied $10,000 fines on each and placed the medics under a suspended prison sentence of one year and a day, in addition to two years probation.

Ga. Woman Medic First To Practice In Augusta Since '04

Atlanta, Ga. Daily World Thurs. 10-27-49.

AUGUSTA, GA.-(Special) - Dr. Robbiesteene Josey Forde, younger daughter of Dr. and Mrs. T. W. Josey of Augusta, Georgia opened her office recently and became the first Negro woman to practice medicine in her home town in the last forty-five years. She is a native Augustan. She received her early training from kindergarten through high school graduating with honors from the Haines Normal and Industrial Institute of which the late Miss Lucy Craft Laney was founder and principal. She spent several summer sessions taking up English and Chemistry at the Rhodes high school of New York City.

Upon graduating from Haines school, she entered Fisk University, Nashville, Tennessee, where she majored in Chemistry. At the completion of her studies there she received the Bachelor of Arts Degree. She then entered Howard University and did post-graduate work in Biology and Zoology. Upon completing her post-graduate work she entered the Howard University of Medicine where she studied for three years, finishing with the M. D. degree. Dr. Forde maintained a high scholastic average while in Medical school and graduated among the first out of a class of sixty-five. She then moved to St. Louis, Missouri where she interned in the Homer G. Phillips Hospital. Satisfying the requirements of her internship in Homer G. Phillips Hospital, Dr. Robbiesteene Forde enrolled for special work in the Trinity Hospital, Detroit, Michigan. She later passed the Missouri Board of Medical Examiners, making her eligible to practice in the state of Missouri. Recently Dr. Forde passed the Georgia Board of Medical Examiners making her eligible to practice in the state of Georgia.

She is a member of the St. Marks Methodist Episcopal Church and the Alpha Kappa Alpha Sorority. Recently she was inducted into the Stoney Medical Society. During her college years she was active on the Fisk campus participating in such organizations as the Student Christian Association, the Stagecrafters and the Chemistry Club. She is also an accomplished musician. She plays both the violin and the piano.

She is the wife of Dr. Chas. Forde of Columbus, Georgia, who is a graduate of Talladega College, and Howard University Medical School. At present he is doing his internship at the Homer G. Phillips Hospital, St. Louis, Missouri. The Fordes are the proud parents of two lovely children, Charles Peters Forde II and Effie Erlynne Forde.

DR. ROBBIESTEENE JOSEY FORDE

New Director In Charge Of Four Clinics

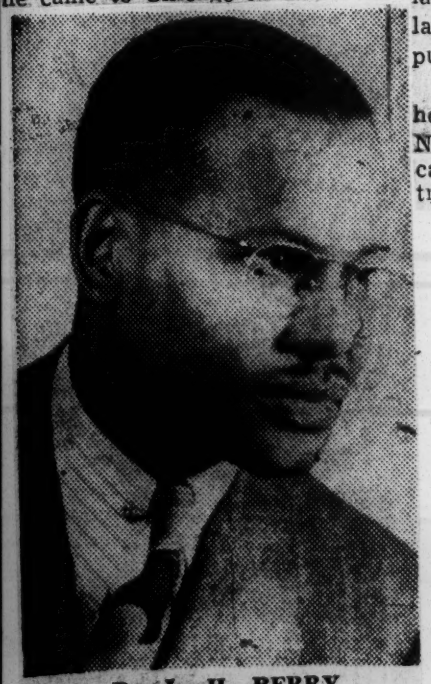
Dr. William W. Harris, Chicago surgeon, has been appointed director of clinics of the Chicago Venereal Disease Control program, Dr. Herman N. Bundesen, president of the city's board of health, announced last week.

Dr. Harris will have charge of four clinics, whose average attendance is 18,000 persons a month. The clinics serve as diagnostic and treatment centers for venereal disease and refer cases of infectious syphilis to the Chicago Intensive Treatment center.

In his new post he replaces Dr. Henry Eisenberg, senior surgeon in U. S. Public Health Service (Reserve), who has been transferred to direct the Public Health Service Rapid Treatment center in Columbus, O.

Dr. Harris, was graduated with an A. B. degree from Lincoln university in Pennsylvania in 1925. He received his M. D. from Meharry Medical college, in 1932.

From 1934 to 1943, Dr. Harris was in private practice in New York City. In 1943, he joined the U. S. Public Health service and served as venereal disease control officer of the Hamilton County (Ohio) Health department, until he came to Chicago in 1946.



Dr. L. H. BERRY

Leonidas Berry Speaks Before Capital Medics

WASHINGTON—Dr. Leonidas H. Berry, oustanding gastroenterologist from Chicago, became the second Negro to lecture before the inter-racial Medico-Chirurigical Society of this city, in its 66 year history, last week.

Dr. Berry delivered the annual founders lecture, a feature begun five years ago. He discussed "Overlapping Syndromes of the Biliary Pancreato-Duodenal Axis."

Dr. Berry, a native of Virginia, and graduate of the University of Chicago and Rush Medical College, holds an M. S. in pathology from the University of Illinois and an honorary Sc. D., from Wilberforce University.

He is an outstanding internist and former chairman of the department of Chicago's Provident Hospital, who has written several articles on his researches and cases. Dr. Berry, who served his interneship at Freedman's hospital here, is a diplomate of the National Board of Medical Examiners, of the American Board of Internal Medicine, and of the Subspecialty Board of Gastroenterology.

At present, Dr. Berry is a professor of medicine in the Post Graduate School of Cook County, a consultant of the Community Hospital of Evanston, Ill., and a staff member of the Michael Reese Hospital in Chicago. He has collaborated with Dr. John W. Lawlah and Dr. Charles H. Kelley on published articles.

The organization before which he spoke, was founded in 1884 by Negro and white physicians because of restrictions in the District of Columbia Medical Society

Mixed Medic Staff Hailed By Ewing

Chicago Defender
Chicago, Ill.
Jul 1-15-49

WASHINGTON — The integration of Negro and white doctors at Gallinger Municipal hospital here has gone along "with a total absence of friction" Oscar R. Ewing, federal security administrator, disclosed here.

Addressing a dinner meeting of the National Conference of Christians and Jews, Ewing said, "People told us it couldn't be done, but we did it. and it's working."

Surgeons College Admits 5 Medics

ATLANTIC CITY, N.J. — Dr. Henry L. Gowens Jr. of 2217 Delancey St. was one of the five colored physicians honored here last week by the U.S. Chapter, International College of Surgeons, during its 14th annual assembly and convocation.

During the formal convocation ceremony, held Friday evening, Dr. Gowens, Dr. J. C. Carr of Newark, N.J.; Dr. Greenwood Yancy of Tuskegee, Dr. William H. Sinkler of St. Louis and Dr. Rivers Frederick of New Orleans were made associate fellows.

Special Waiver Necessary

A special waiver was approved for the admission of Dr. Frederick, since racial barriers prevented him from meeting the organization's requirement that a candidate must be a member of his county Medical Society.

The New Orleans physician is an associate professor at Flint-Goodridge Hospital there and has been associated with South American institutions.

Honored for 20 Years of Service to Medicine

This four-door Chrysler sedan, a portable radio, and a set of luggage were presented to Dr. D. T. Rolfe (second from left), chairman of the department of physiology and pharmacology at Meharry Medical College, at a recent testimonial dinner at Meharry honoring Doctor Rolfe for 20 years of distinguished service to medicine. Shown with him are, left to right: Dr. Earle Williams of Lovejoy, Ill., who made the presentation speech; Dr. H. H. Weathers, East St. Louis, Ill., master of ceremonies; Dr. M. Don Clawson, president of Meharry, and Dr. W. A. Younge, St. Louis, Mo., who delivered the testimonial address.

Dr. DeHaven Hinkson, 57, of Philadelphia, has been appointed to the medical staff of the Municipal Court in the Quaker City, Judge John A. Boyle has announced. Doctor Hinkson served overseas in both world wars and was commander of an air base station hospital at Tuskegee, Ala., during World War II. His home and offices are at 5329 N. 24th St., Philadelphia, where he has been practicing since 1915.

New Wonder Drug First Used By Physicians At Harlem Hospital

NEW YORK—Tracing the development of the use of aureomycin, a new wonder drug, Dr. Louis T. Wright, chief of the surgical staff of Harlem Hospital and chairman of the NAACP Medical Committee, has asserted priority in the use of this drug in human beings.

The question of priority was precipitated by a paper by Dr. Paul A. O'Leary published in The Staff Proceedings of the Mayo Clinic. This paper credited Dr. Morton S. Bryer of Johns Hopkins Medical College with the first published report of the clinical use of this germ- and virus-destroying drug which many physicians already rate as more effective than either penicillin or streptomycin.

DR. WRIGHT'S LETTER

In a letter to Dr. O'Leary, under date of Jan. 29, Dr. Wright concedes that a paper by Dr. Bryer and his associates on the subject had been published in the Journal of the American Medical Association in Sept., 1948, a month before publication in the same magazine of an article entitled "Aureomycin: A New Antibiotic with Virucidal Properties" by Dr. Wright in association with Drs. Murray Sanders, Myra A. Logan, Aaron Brigot and Lyndon M. Hill, all of the Harlem Hospital staff.

However, Dr. Wright's letter points out, the paper by the Harlem physicians was accepted for publication by the Journal in May and was the preliminary report of the successful treatment of 25 cases of lymphogranuloma venerelum, an uncommon venereal disease, during the period, January 22 to April 24.

"The paper by Dr. Bryer and his associates," Dr. Wright asserts, "consisted of an abstract of reports made before the section on biology, New York Academy of Science, July 21, 1948. At this same conference, my associates and I presented our second paper entitled "Treatment of Lymphogranuloma Venerenum and Cranuloma Inguinale in Humans with Aureomycin."

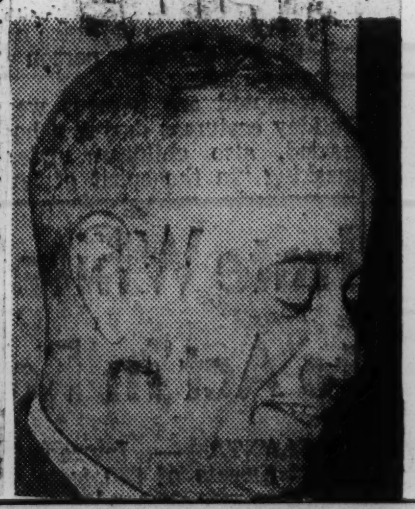
CITES ARTICLE

Dr. Wright cties an article by Dr. Bryer published in a November issue of the Annals of the New York Academy of Science affirming that the first patient at the Johns Hopkins Hospital treated with aureomycin did not enter the hosptial until "early in May" after the Harlem preliminary study had been completed and about the time Dr. Wright's paper was accepted for publication by The AMA Journal.

Aureomycin so named because of its golden hue, has been effective in the cure of a variety of bacterial and virus diseases including influenza, rabies, Rocky Mountain spotted fever, typhus, conjunctivitie, parrot fever and virus pneumonia. Neither penicillin nor streptompcin has been effective against viruses.

Priority of the Harlem Hospital group is recognized in Great Britain where The Lancet, organ of the British medical profession, comments on the studies by Dr. Wright and his colleagues in a recent issue.

On Court Staff



Socialized Medicine

We were in Washington some years ago attending an NYA meeting, when the question of socialized medicine came up for discussion. Needless to say, the meeting broke up in an uproar, with two doctors present almost coming to blows. This happened about ten years ago, but it appears there is just as much division among members of the medical profession now as then.

You know this publication is always dwelling upon the question of change. Negroes are too inclined to recline upon the status quo. How is it possible for the Negro doctor to assume he will be worse off under a system of socialized medicine and governmental regulation, for we have quite recently had an experience, during the Roosevelt era, when we discovered government regulation placed more money in the hands of black folk than ever before.

Under government regulation of education, Negro boys and girls went to college at government expense. Langston university had more students during NYA than ever before in its history. Under government control of housing Negroes have acquired and occupied more modern homes in a decade than they did in the previous fifty years. Under AAA, Negro farmers, by grace of parity payments and other assistance, were able to enlarge their farm holdings and wax fat. There were 126 various alphabetical designations such as suggested above during the Roosevelt era out of which the Negro carved and patterned his present prosperity. Government regulation of wages went a long way towards making it possible for the Negro worker to become prosperous, and as a result Negro business, such as insurance companies, banks and mercantile establishments enjoyed a type and character of prosperity hitherto unknown.

Now why is it the Negro medic assumes the same sort of regulation will destroy him. Our theory is that the black man should seek change of various sorts, for in an altered and different set-up, such as Roosevelt offered and Truman seeks to continue, there may be lurking hidden blessings of untold value to everyone. We discuss this matter from the angle of its effect upon the Negro doctor for we have had confidential discussions with members of this profession who hold a proprietary interest in their work, and fear any revolutionary changes in the present arrangements.

Now for the other side of the picture. Everyone knows the present system is not meeting the challenges of health. Social diseases are running riot among the populace. The aged and infirm under the present system have not relief from suffering. Children who come into this world with defects that should be corrected, must go through life because their parents happen not to have the cost of an operation. The question is, should the science of medicine be the property only of the rich, or should a system be worked out so that it would be the property and asset of every American citizen? The Negro leader must have the wisdom to understand that progress comes through change. Negro physicians before they arrive at definite decisions respecting socialization of medicine should make a genuine, honest effort to find out what results have obtained in other lands under such a plan. It could be there are defects in the program adopted in other countries which could be corrected under an American arrangement and outline. The main point is to possess liberalism enough to sit down and contemplate dispassionately upon a new idea, a new thought and new

Harlem's Doctor Wright Pioneers New Miracle Drug

Daily World, Atlanta, Ga.

CHICAGO — Although famed John Hopkins University Hospital was given a supply of the new wonder drug aureomycin at the same time that Harlem Hospital Doctor Louis T. Wright received his first quantity for for experiment, a June EBONY photo feature reveals that the great Negro surgeon proved the value of the drug a full four months earlier than the Baltimore scientists.

"Aureomycin looms as the posible wonder drug beyond the wildest dream of the average Doctor," the Ebony story states, "and has curative powers far in excess of the previous Big Three in the battle against disease—the sulphur drugs, penicillin and streptomycin.

"In addition,' 'Ebony declares, "aureomycin has no harmful effects on human

Rec. 5-23-49

Original fears that aureomycin might cause unpleasant effects on humans has been allayed by the discovery that it is almost toxic free, the magazine states. Tests have proved that no dose causes harmful toxic effects.

5-23-49

Dr. Wright worked with an interracial team on Negro patients in his first tests of the drug and used it first in treating lymphogranuloma venereum, a venereal disease. Dr. Wright, a distinguished member of the American College of Surgeons and head of the Harlem Hospital, has been on the staff for thirty-years and is author of a chapter in Scudder's textbook "The Treatment of Fractures,' 'a standard text for the nation's medical school.

Other diseases have since been effectively treated with aureomycin and although the drug is still in its relative infancy, its wonders are being hailed in the country's medical journals as second to none in science' arsenal of weapons against disease.

Medicine

The World Do Move

HERE'S another first. We poked up in a doctor's office one of those descriptive come-ons mailed out with samples of new drugs to physicians by big drug companies. Imagine our surprise to find in Lederle Laboratories introduction of the drug Duomycin (Aureomycin Hydrochloride) how Louie Wright, his colored co-workers, M. A. Logan and L. M. Hill and white co-workers, M. Sanders and A. Prigot conducted tests of this drug which promises to be a most versatile antibiotic: "Wright and co-workers found that highest blood levels occurred two hours after oral administration of 300 mg. . . " etc. First time a Negro doctor-scientist has been so recognized.

DR. McNEILL OF
PONTIAC GETS POSTS

Pontiac,Mich.-The State Board of Registration in Medicine got its first Negro member last week when Gov.G.Mennen Williams appointed Dr.Howard McNeill of 83½ Saginaw St., to the group.
For three terms Dr. McNeill served as a member of the City Commission.He is a former member of the Oakland County Board of Supervisors.
A native of Fayetteville, N.C., he was educated at St. Augustine College,Howard, University of Pennsylvania and the University of Michigan.He came to this city in 1929.

HELD FELLOWSHIP

While at the University of Michigan he was an associate fellow in post graduate medicine.Later he held a fellowship in the same field. He served as instructor in Pathology at Howard,worked in the Crile Clinic in Cleveland and did some medical work at Wayne Univ.
Dr.McNeill is a member of a number of outstanding organizations, including the following:Oakland County Medical Assn.,the State Medical Assn.,and a fellow in the American Medical Assn. He is active also in Politics and the NAACP.

Defender
Sat. 10-29-49
Chicago,Ill.

NEGRO DOCTORS WANT IN MEDICAL PROGRAM

Commercial Appeal

Association Asks Recognition On Advisory Council

From The Commercial Appeal
Jackson, Mississippi, Bureau

JACKSON, Miss., April 28.—Recognition of qualified Negro doctors in the statewide medical care program inaugurated in 1946 was urged Thursday by the Mississippi Negro Medical and Surgical Association in convention here.

A resolution, adopted by the group in 49th annual session, petitioned those in authority to give the association recognition upon the Advisory Council of the Commission on Hospital Care, or on the commission itself. Members pointed out that the two negroes on the advisory Council are laymen.

The association also commended the 1946 Legislature in adopting the medical care program, as well as programs establishing medical scholarships for those desiring to follow the profession, the state nursing program and the Blue Cross medical plan.

No action was taken with reference to a situation which members said prevents negro doctors from treating their patients after they are admitted to white hospitals with negro facilities. It was pointed out that Mississippi has only three all-negro hospitals, two at Mound Bayou and one at Yazoo City. There are 57 negro doctors in the state and 1334 white practitioners.

The association elected Dr. M. S. Love of Gulfport as vice president and president-elect to succeed Dr. W. P. Kyle of Biloxi, who advanced to the presidency. Other officers are A. W. Dumas Jr. of Natchez, general secretary; M. F. Harris of Columbus, assistant secretary, and C. W. Smith of Hattiesburg, treasurer.

Named to the Board of Trustees were G. A. Carmichael of Canton, G. H. Lane of Greenwood, A. Charles Hunter of Columbus, H. L. Knaive of Laurel, A. M. Hall of Jackson, C. W. Smith of Hattiesburg, T. J. BarefieldlePndleton of Pascagoula, J. B. Dillar of Vicksburg and T. R. M. Howard of Mound Bayou.

NEGRO BAN LIFTED BY MEDICAL GROUP

(The Associated Press)

Kansas City, March 29.—The house of delegates of the Missouri State Medical Association voted Monday to admit Negro physicians into the organization. The action came as the house of delegates voted, 60 to 16, to delete the word "white" in the constitution. There was no discussion before the vote took place.

Doctors in Missouri To Admit Negroes

Medical Association Ends Its Exclusion Policy

KANSAS CITY, Mo., March 28 (AP).—The Missouri Medical Association threw its membership open to Negro physicians today.

Seventy-six delegates to the four-day annual meeting now in progress here voted to delete the word "white" from its constitution and admit all physicians from "component county medical societies" who have been certified by association headquarters.

The resolution to admit Negroes was adopted by a vote of 60 to 16. It was introduced by Dr. Park White, of St. Louis.

Mound City Medics Take In Two Negroes

ST. LOUIS—(ANP)—The action of the Missouri Medical Association last year in changing its by-laws to admit Negroes, brought about the acceptance of two Negro physicians as members of the St. Louis Medical Society here last week.

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The first Negro member of the formerly all-white group are Drs. Walter A. Younge and D. Morman, both of St. Louis.

The society said the action of the state association in changing its by-laws automatically made Negroes eligible for membership in the local body.

Dr. Young is a member of the St. Louis University Medical School faculty and an associate of the American College of Surgeons, is chief of the ear, nose and throats departments of People's Hospital and St. Mary's Infirmary. He is also a staff member at Homer G Phillips Hospital.

Physicians in Missouri Drop Race Ban

KANSAS CITY, Mo.—A resolution to admit colored members was adopted here Monday by delegates to the annual meeting of the Missouri Medical Association.

The vote was 60 to 16 on a motion introduced by Dr. Park White of St. Louis.

The majority voted to delete the word "white" from the constitution and admit all physicians from "component county medical societies" who have been certified by association headquarters.

Dr. Peter H. Murray (American Medical Association)

Dr. Murray Given Top Post in AMA

DETROIT. — Election of Dr. Peter H. Murray, 61, of New York City to a seat in the House of Delegates of the American Medical Association was announced here Tuesday by Dr. George F. Lull, secretary-manager of the AMA, who addressed the convention of the National Medical Association.

This is the first time since the founding of the white medical association 103 years ago that a colored physician has been named to its policy-making body. Dr. Murray will be seated at the AMA's convention next year in San Francisco.

Named by N. Y. Society

The physician has been a member of the House of Delegates for the past 12 years of the New York State Medical Society which recommended him for the election. He is a native of New Orleans.

A graduate of Howard University School of Medicine, Dr. Murray was assistant surgeon-chief at Freedmen's Hospital, Washington, 1918-1920; and is director of gynecology and associate director at Harlem and Sydenham (NYC) Hospitals respectively.

He is also a trustee of Howard University, diplomat of the American Board of obstetrics and gynecology, and a Fellow of both the American and the International Colleges of Surgeons.

"From many quarters has come the charge that the election of our own Dr. Peter Marshall Murry to the House of Delegates of the American Medical Association is purely political. I don't feel that way about it although the timing of it appears suspicious. Had this group been at all progressive and in step with the times, colored doctors would have been in its legislative body 30 years ago, and this year it would be inaugurating its first colored president."—Dr. Herbert Marshall, Washington, president, National Medical Association.

Dr. Murray Given Top Post in AMA

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Clad Hand

The National Medical Association (Negro doctors) meeting in Detroit last week was organized before you were born because the American Medical Association (white doctors) refused to admit colored doctors. Finally, a few years ago, it took in one or two. Last week from a clear sky it announced for benefit of NMA that one of these, Dr. Peter Murray of NYC, was being put on their policy making board.

Next day they followed with announcement that the colored doctors of NMA were invited to attend the famous clinical sessions held by AMA each winter.

While there was rejoicing at this further crumbling of Jim Crow walls, the Negro doctors took it with a grain of salt. NMA (Negro) is on record before Congress as supporting Papa Truman's national health insurance program; AMA (white) opposes it. Said Dr. W. Montague Cobb of NMA, Howard U., and NAACP,—"They (AMA) are making political capital out of this appointment hoping to get us to back their program."

19k 1949

New York

170 NEGRO PHYSICIANS ON HOSPITAL STAFFS

A study of hospital staff appointments made by the Hospital Council of Greater New York and released yesterday showed that 170, or 75.6 per cent, of the 225 Negro physicians registered to practice in the city as of Jan. 1, last, have at least one such staff appointment.

The study involved an analysis of appointments of the 17,703 licensed physicians in New York City on which preliminary data has already been published in previous issues of the council's house organ. A breakdown showed that Negro doctors held appointments distributed among thirty-two hospitals in the city, seventeen volunteer, eight municipal and seven proprietary hospitals.

Commenting on the fact that the number of hospitals providing these appointments is even more significant than the number of appointments, the statement said: "The practical solution to the problem of hospital staff appointments for the Negro doctors is not to be found in the concentration of opportunities in one or two hospitals but rather in the widest possible distribution of these opportunities in hospitals throughout the city."

The analysis showed further that 104 or 46.2 per cent of the 225 Negro physicians had a staff appointment, which permitted them to care for their own private patients. The comparable figure for all physicians with this privilege was 61.1 per cent.

Appointment Of Race Medics Gains In N. Y.

NEW YORK — (NNPA) — The appointment of colored doctors to hospital staffs in New York City has increased with improvement in the educational background and training of the individual physician, the Hospital Council of Greater New York said in disclosing last Wednesday that more than 75 per cent of colored doctors here have at least one staff appointment.

In a study of hospital staff appointments open to colored doctors here, the Council disclosed that as of January 1, 1948, there were 225 colored doctors licensed to practice in New York, of whom 207 were men and 18 were women. This group, the report said, constituted 1.3 per cent of the total number of physicians in the city.

A higher percentage of colored doctors, 170 or 75.6 per cent, had some type of hospital appointment than did other physicians in the city whose staff appointments constituted 69.9 per cent.

These 170 colored doctors held 258 different appointments in thirty-two hospitals, distributed among seventeen voluntary hospitals, eight municipal hospitals and seven private hospitals. Of the total appointments, fifty-nine were in voluntary hospitals, 127 in municipal hospitals and 72 in private hospitals.

Regular staff appointments were held by 136 or 60.4 per cent of the colored doctors, the report said, with the percentage of all physicians with this type of appointment being only 59.9.

But the percentage of colored doctors (46.2) having appointments with private patient privileges was considerably lower than the 61.1 per cent for all physicians, the report pointed out.

Despite the figures on the numbers of colored doctors holding such appointments, the report warned against drawing the conclusion that hospital staff opportunities for colored doctors in New York "are greater or at least equal to these for all physicians in the area. That this is not the case is evident from more detailed analysis," the report asserted.

The analysis then points out that 103 of the colored doctors with regular staff appointments held these in municipal hospitals only and that eighty-eight of these connected with municipal institutions held their appointments in one institution. This was presumably Harlem Hospital.

The remaining fifteen were on the staffs of five municipal general hospitals and six of the municipal general hospitals had no colored doctors at all.

Only thirty-three colored doctors had regular staff appointments in a voluntary hospital. This number constituted 24.3 per cent of all the colored doctors, while among the white doctors the comparable percentage was 82.1.

The regular staff appointments for the thirty-three colored doctors were distributed among thirteen of the voluntary general care hospitals in the city. The majority of these appointments in one hospital, Sydenham, which has now become a municipal hospital. Mount Morris Park Hospital in Harlem was not in existence at the time of the analysis.

Because a physician has a regular hospital appointment does not mean that he has hospital facilities at his disposal, in which he can care for his private patients. Nearly half of the 136 colored doctors with regular appointments have no private patient privileges at any of the hospitals which reported, the survey showed.

Asserting that a staff appointment which provides opportunities for a doctor to care for ward or out patients and at the same time offers him the privilege of treating private patients is the most desirable, the report said that only 14.2 per cent of the total of 225 doctors held such appointments. The comparable percentage among all the doctors in the city was 77.7 per cent.

Of the 225 physicians surveyed, the report showed that 165 had offices in Manhattan, 37 in Brooklyn, 13 in Queens, and 10 in Bronx. Slightly more than half of the doctors were graduates of two medical schools, Howard University with ninety-eight and Meharry College with thirty. An additional seventy-two were graduates of other medical schools in this country, fourteen from schools in Canada and eight from schools in foreign countries. The medical school of three colored doctors was not determined, the report said.

Summing up its study, the report said: "Although on a statistical basis the Negro doctors fare as well as other doctors in the number of hospital appointments, this analysis indicates that the staff opportunities for these physicians are limited. Many of the limitations to which the Negro physician is subjected apply to many other physicians who do not have hospital appointments. It is evident that a greater number of hospitals must extend staff privileges to Negro physicians before an effective program can be realized."

DR. AYER A PUBLIC HEALTH SPECIALIST

Dr. Vernon A. Ayer, Health Officer of the Central Harlem Health District of the New York City Department has passed the examination which certifies him as a specialist by the American Board of Preventive Medicine and Public Health. Certification is granted to physicians duly licensed by law to practice medicine who have special knowledge in preventive medicine and public health. They must meet strict qualifications before being accepted for the oral and written examination which was given in New York City, Oct. 22nd and 23rd.

Dr. Vernon A. Ayer is also Secretary of the Public Health Section of the National Medical Association.

Doctors Meeting Held at Elizabeth City Teachers Coll.

By A. M. RIVERA
(Courier Staff Correspondent)

ELIZABETH CITY, N. C.—The sixty-second annual convention of the Old North State Medical Society, the oldest Negro medical society in the world, convened here last week at the State Teachers College.

The state-wide organization of physicians and pharmacists adjourned without taking positive action in favor of or against President Truman's national compulsory insurance program. Said Dr. Murray B. Davis, newly elected president, "We are withholding final action on the highly controversial insurance measure pending the decision of the National Medical Association which meets in August in Detroit."

During the three-day meeting only one session was opened to the general public. At this session held in the Corner Stone Baptist Church, civic, church and fraternal organizations brought greetings of welcome to the association and its woman's auxiliary.

On behalf of the city and county, G. C. Meads, secretary of the Chamber of Commerce, sketched the historical importance of the section, calling attention to the fact that it was here that the first plane took flight, the first rebellion against the British, the first public school in North Carolina and the birth of the first white child in America.

The speaker paid tribute to the contribution of the Negro physicians of the State and told them, "It is our desire during your stay to be first in your hearts."

The State provided highway patrolmen to escort the group around the city and to the State line.

The public meeting began with remarks by Dr. J. E. Jones of the host society and was conducted by Dr. F. C. Cooke, also of Elizabeth City, who acted as master of ceremonies. Those who brought messages of welcome were the Rev. M. S. Rudd, representing the Ministerial Alliance; President S. D. Williams of Elizabeth City Teachers College, brought greetings from the teachers; Dr. E. L. Hoffler spoke in behalf of the business and professional workers; John Davis represented the civic organizations and clubs. The response to the welcome speeches was made by Dr. H. D. Malloy of Winston-Salem, N. C.

Dr. S. R. Rosemond, retiring president of the State body, urged the young in the profession to "promote it to gerater heights in order that it might be able to meet the ever increasing responsibilities and demands made upon it today."

Dr. Murray B. Davis began his term as president at the expiration of Dr. Roseman's term and Dr. J. C. Jordan of Winston-Salem, N. C., was elected president-elect. Dr. Clyde Donnell, medical examiner for the North Carolina Mutual Life Insurance Company, was elected to his thirty-first term as secretary-treasurer.

The Woman's Auxiliary elected the following officers: President, Mrs. F. W. Avant, Rocky Mount, N. C., to succeed Mrs. Mary Holliday, Statesville, N. C.; president-elect, Mrs. G. W. Allen, Fayetteville, N. C.; vice president, Mrs. C. B. Codrington, Dunn, N. C.; recording secretary, Mrs. J. V. C. Cordice, Durham, N. C.; corresponding secretary, Mrs. W. C. Shanks, Burlington, N. C.; treasurer, Mrs. W. M. Bryant, Enfield, N. C.

High Point, N. C., was selected as scene of the next annual convention.

In Rocky Mount, N. C.

Hospital Drops Bars, Admits Race Doctors

ROCKY MOUNT, N. C.—Drs. W. T. and L. P. Armstrong were recently admitted to the staff of the Rocky Mount Sanitarium with full privileges, The Courier learned early this week.

The sanitarium is a 75-bed hospital, municipally operated. Heretofore it had an all-white staff. When asked to comment on this radical departure from the customary procedure, Dr. W. T. Armstrong, a 1944 graduate of Meharry Medical College, said, "We have been trying o keep this thing as quiet as possible, but since it is unusual, I guess it's news."

THERE HAS BEEN a relaxation of the rules prohibiting Negroes from publicly supported hospitals throughout the South. Many hospitals which have large Negro wings and Negro nurses have recently admitted Negro physicians.

The admission of the Armstrong brothers marks the first time in this section where Negro physicians have been admitted as staff personnel with full privileges.

Dr. W. T. Armstrong told The Courier that he and his brother have been trying to get on the staff of one of the three hospitals here ever since they started practicing. "We were flatly refused everywhere but at the Rocky Mount Sanitarium. Offi ials here said that our applications were being considered," he said, "and nineteen months ago we reapplied and we were admitted."

Davis Sees Race Danger In Socialized Medicine

19K

By KATHERINE BARNWELL

Racial segregation in hospitals and doctors' offices would be broken down if a socialized-medicine program were adopted in this country, Rep. James C. Davis, Fifth District Congressman, declared here last night.

Addressing the Fulton County Medical Society, Rep. Davis said: "Negro doctors would treat white patients. White patients would be treated in Negro hospitals. White doctors would have to treat Negro patients and admit them in their hospitals."

Insisting such a possibility was "no figment of the imagination," Davis continued:

"If you think the Federal Government wouldn't make you accept the services of a colored hospital or go to a colored doctor or dentist, then you haven't been keeping up with the trend in Washington. Certain persons high in government intend to do away with every vestige of segregation in this country if it is possible to do so."

Davis said there had been several "glaring examples" of the move to end all segregation in Washington recently. He said Negroes and whites now must eat and sleep side by side in the Army and Navy. And he pointed to President Truman's own blunt avowal that he planned to push a civil-rights program.

The definite trend toward socialism must be stopped next year "if it is to be stopped at all," Davis asserted.

Davis said those leaders favoring socialization received a "shot in the arm" by the recent election of former Gov. Lehman, of New York, to the U. S. Senate. He added elections next year probably would determine whether or not free enterprise will survive in this country.

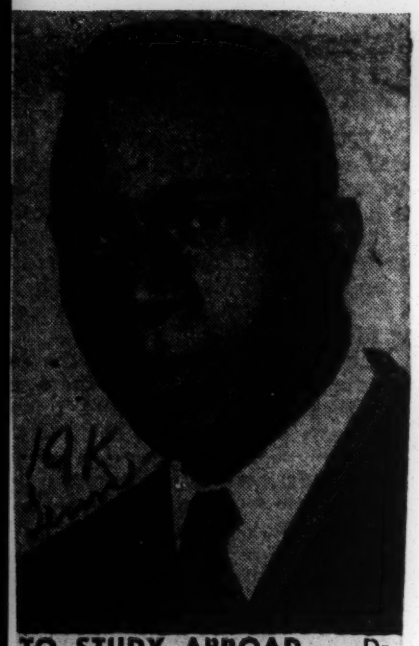
Compulsory health insurance, as proposed in several bills already prepared, would "turn us away from free enterprise and and turn us toward regimentation," he said. Principal support of the program, he pointed out, is coming from the CIO's Political Action Committee, the AFL and the Farmers Union, "a left-wing agricultural organization."

"But Government funds," he charged, "are being used to print propaganda for compulsory health insurance."

Davis called on the doctors to continue their fight against socialized medicine. He urged them however to combat within their own ranks those things which attract "converts" to socialization—high costs of medical services and shortages of doctors, nurses and hospitals.

Other speakers on the program stressed the value of public relations in presenting the doctor's achievements and views. The American Medical Association's "12-point program" was outlined, and voluntary health insurance was discussed.

Speakers included Dr. Enoch Callaway, President of the Medical Association of Georgia; Dr. A. M. Phillips, President-Elect of the Association; Mrs. Harry Rogers, President of the Woman's Auxiliary to the Association; Mrs. Richard Wilson, Chairman of the Auxiliary's Legislative Committee; Dr. W. S. Dorough, Chairman of Prepayment Medical Committee, Medical Association of Georgia; Dr. Mason Lowance, of the Fulton County Medical Society, and Dr. Frank E. Wilson, Deputy Director in the Washington Office of the American Medical Association.



TO STUDY ABROAD — Dr. William H. Grant, professor of medicine at Meharry Medical College in Nashville, left last week to study at the London School of Tropical Medicine in England. He will be accompanied by his wife and son.

Va. Medical Group Continues Race Ban

OLD POINT, Va. — (ANP) — By a six margin vote, 37-31, the Medical Society of Virginia will continue to limit its membership to white physicians.

A special committee of three past presidents presented the unprecedented proposal to the group. The committee had agreed unanimously for adoption of the new action to permit Negro physicians to belong to the group.

Leaders of the society said that the small margin of the vote indicates that there is a recognition of the desirability of "extending the opportunities of Negro physicians" in Virginia.

Va. Doctors Ban Negroes

OLD POINT COMFORT, Va.—By a narrow margin of six votes the Medical Society of Virginia has refused to open its membership to Negro physicians.

The hitherto unheard of proposal to admit Negro medical men was made at an official meeting of the society's house of delegates.

The measure was introduced with the unanimous recommendation of a special committee of three past presidents of the society.

Advocates of the move said the proposal will again be put to a vote at the next annual meeting and predicted that it would pass at that time.

Woman Doctor Holds High Post With Union

By GLADYS P. GRAHAM

NEW YORK (ANP) — Holding down one of the nation's most important medical position in industry is a Negro woman doctor, Dr. Vera Joseph. She is the full time administrative physician and assistant to the medical director, Dr. Leo Price, at the Union Health center.

At ths center, sponsored by the International Ladies Garment Workers union, Dr. Joseph supervises clinics, sets policies on medical work and supervises a personnel of 150 staff physicians. Besides these administrative duties, Dr. Joseph specializes in internal medicine, and takes care of work in

The center itself occupies six treament of ambulatory patiens. floors of a 27-story skyscraper. On its staff are 10 full-time physicians plus 125 visiting physicians, 32 nurses, 27 technicians, five pharmacists and 210 other employes.

COLUMBIA GRADUATE

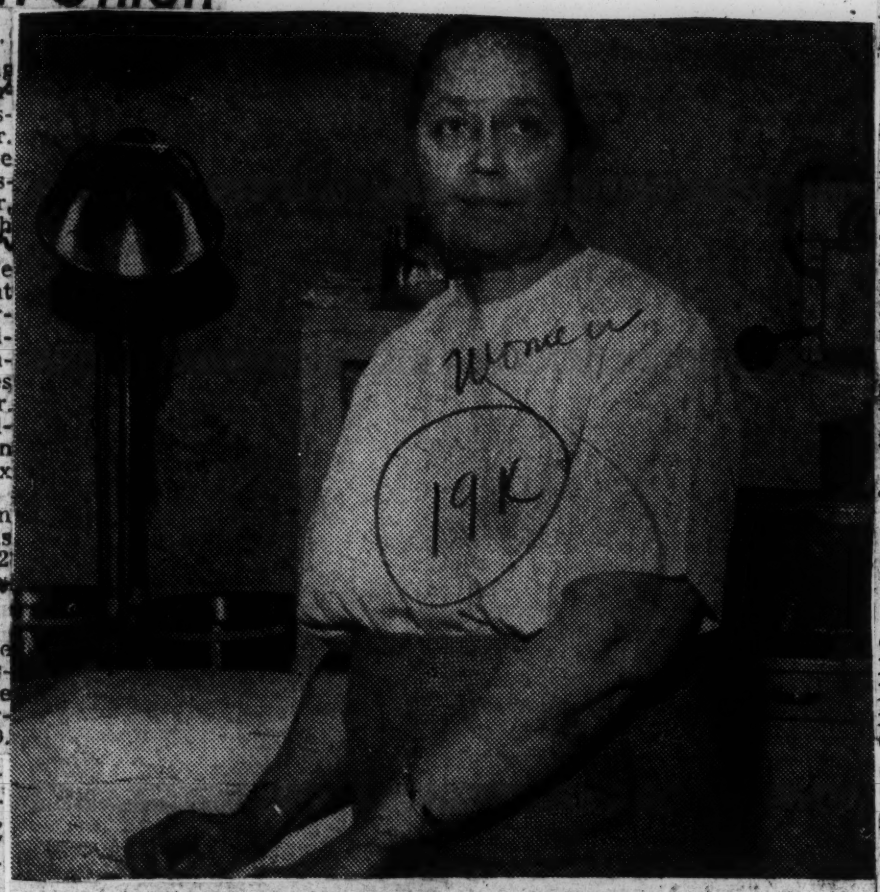
Dr. Joseph began work at the center in 1943, and became assistant to the director in 1944. She did her pre-medical work at Barnard College, and earned her M. D. from Columbia University's College of Physicians and Surgeons. After interning at Harlem hospital, she served her assistant residency in medicine and pathology at Montefiere hospital.

For several years Dr. Joseph worked in Puerto Rico as a resident physician at the Tuberculosis hospital and director of the Centio-Anti-Tuberculosis [illegible]. In New York she worked at tuberculosis clinics of the East Harlem Health center.

ACTIVE CLUB WOMAN

She is a member of the New York County Medical society, Parenthood Federation of America, medical council and medical board o fthe Union Health center, board of trustees of the Downtown Community center and the Harlem committee of the Community Service society.

A native of Jamaica, she is also an Alpha Kappa Alpha member. In private life Dr. Joseph is the wife of Dr. Jerome Peterson, acting director of Long Island hospital and a member of the World Health Organization of the U. S.



DR. GEORGIA D. JOHNSON

Dwelle Infirmary To Close Apr. 30

Daily World

By ALICE H. WASHINGTON

After 43 years of varied services to the City of Atlanta, Dr. Georgia Dwelle Johnson will close her Infirmary on April 30.

Graduating from Spelman College in 1900, Georgia Dwelle entered Meharry Medical College, graduating with honor in 1904. She returned to her native state, took the state board and passed with the high average of 98—the highest score made of the 102 aspirants taking the examination. So unusual was this record that The Woman's Boston Journal carried an account of this splendid record under the caption "What A Woman Can Do."

This young physician practiced in Augusta for two years, but knowing that Atlanta, a terminus city, offered more opportunities for progress, she decided to come here in 1906. Thus she began what has been an exemplary career in the practice of medicine.

OPENED HOSPITAL

Visiting slums and seeing the squalor in which her fellow citizens were living, Dr. Dwelle felt the need of sanitary environment for obstetrical work. She first placed a couple of beds in a room to provide this clean, healthful atmosphere for Negro women. This was the beginning of an Obstetrical Hospital that ran successfully for 27 years.

This was indeed a pioneer movement for hospitalization for Negroes in Atlanta.

As she made the rounds in the rapidly growing city young Dr. Dwelle made her slogan "preventive medicine." She established a Well Baby Clinic in order to aid mothers in keeping babies well. With her guidance a Mother's Club was also organized in order to give them the opportunity to receive professional answers to their many questions.

Feeling the need for a wider service in 1935, the Infirmary developed into a general hospital. Miss Leona Edwards, of Spelman College, was made superintendent and Miss Willie Turner was appointed assistant.

MARRIES CHICAGOAN

Dr. Dwelle, owner and general manager of the hospital, worked faithfully until 1942 at which time her marriage to Dr. Albert E. Johnson, of Chicago was announced and she retired to become a house-wife in Chicago. She left the above personnel in charge of the hospital, and confined her activity in Atlanta to semi-annual trips.

Civic, religious and social organizations reluctantly gave this worker up. Her services had been felt at the Carrie Steel Pitts Orphan Home where she was physician in charge. Numerous persons in and around Atlanta regretted losing her, not only as a physician, but as a friend and counselor.

Having the urge to still serve Atlanta, Dr. Georgia Johnson has donated her infirmary equipment to Morris Brown College for the establishment of a Student Clinic--which is the beginning of an Infirmary at the College. This--the foundation for an eternal monument--will bear he name--The Dwelle Clinic.

MISS ALMA MILLER FINISHES MEDICINE AT MEHARRY

Miss Alma Miller, Memphis girl was graduated from the school of Medicine at Meharry last week along with eleven other girls. Miss Miller received her high school training at Manassas High School, later earning the B. S. Degree from LeMoyne College, where she was a member of the Alpha Kappa Alpha Sorority. She first went to Meharry for 2 yrs. and finished a course in Laboratory Technology. With a major in Pediatrics, she will intern at the Homer Phillips hospital, St. Louis.

Cyrus U. Davis, contractor at Nassau, Bahamas, has been invested as Knight of the Order of Saint Gregory by Pope Pius . . . Dr. Rebecca Lee, not Dr. Susan M. Stewart, was the first colored woman to receive a medical degree. Dr. Lee finished at the New England Female Medical College in Boston in 1864. Dr. Stewart graduated six years later from the N. Y. Medical College and Hospital for Women. . . . The new antibiotic known as "aureomycin" is highly effective against a wide variety of disease germs, Dr. Louis T. Wright, who helped develop the new drug at Harlem Hospital, told the N. Y. State Medical Society at Buffalo last week.

19k 1949

Women(NorthCarolina)

She's an M.D.

Afro-American
D— 3-10-45-49
19K

Catherine McKee McCottry, 28-year-old doctor of Charlotte, N.C.

HEALTH FOR ALL

TB AND CHILDREN

Although tuberculosis is primarily a disease of adults, nearly 1,300 children under five years of age die of it annually.

Many people believe that pulmonary tuberculosis, or TB of the lungs, is the rarest type among small children. Yet of the total number of deaths from tuberculosis in the pre-school age group, more than a third are caused directly by the pulmonary form. And the remaining deaths are due to two kinds of tuberculosis that are usually complications of the pulmonary form —tuberculous meningitis, an infection of the covering of the brain by tuberculousis germs, and miliary tuberculosis, which is the result of scattering tuberculosis germs throughout all organs of the body through the bloodstream.

A few decades ago, many young children suffered from tuberculosis of the joints and bones, a form of the disease that wasn't always fatal, but that disfigured and crippled its victims, often for life. Children usually got this kind of tuberculosis from drinking raw milk from diseased cows. Now that every state requires the tuberculin testing of cows whose milk is offered for sale, relatively few children suffer from tuberculosis of the bovine type.

Until very recently, when miliary tuberculosis or tuberculous meningitis struck, it was almost invariably fatal. Today, the streptomycin is being used with some success in treating these two types of tuberculosis. Streptomycin cannot be considered a cure-all for tuberculosis, but is often an aid in treating TB, particularly these types. It is always used in conjunction with other forms of treatment.

Babies are not born with tuberculosis, and the small child who gets it contracts it from his parents or from others with whom he comes in contact.

Every adult should have a periodic chest x-ray as well as a physical examination, to protect his own health, the health of the community, and the health of the children with whom he comes in contact.

(This column is sponsored, in the interest of better health, by Polk County Tuberculosis Association.)

Negroes, women responsible for state's gonorrhea rise

Los Angeles Times
Los Angeles Calif
Sept 4 1949

SAN FRANCISCO — Forty-two percent of syphilis and 51 percent of gonorrhea in California in 1948 was reported in nonwhites "and principally in Negroes," a State Dept. of Public Health report on "Venereal Disease in California 1948," made public today, said.

The figures constitute an increase of four percent in gonorrhea among nonwhites since 1947, and a decrease of one percent among the same racial group in syphilis, the report said.

"Venereal disease and especially gonorrhea still remain a problem primarily in the colored racial group," the report continued.

Venereal disease rates are receding to the prewar level among the overall population, it was revealed. Nevertheless, venereal disease continues to be one of the state's foremost health problems: 8 times as much V. D. as poliomyelitis, even in an epidemic year for polio; outnumbering tuberculosis five to one.

An upsurge of gonorrhea among women of all races was reported.

In 1947, 69 percent of reported cases were male and 31 percent female; in 1948, 67 percent male and 33 percent, female. Percentage by sex in syphilis cases has remained constant, 55 percent male and 45 ercent female.

Sat. 9-16-49

Sex Experimentation Blamed

1947 School-Age VD Cases Drop 237, to 2357, in 1948

Table on Page 11

Washington Post
Washington DC
Mar 3-8-49

By N. S. Haseltine

Veneral disease infections uncovered last year among District children of grade and high school ages totaled 2357 cases, it was disclosed yesterday.

The number compares with an even higher total of 2594 cases similarly recorded in 1947 by the District Health Department.

No comparable statistics are available for prior years, said Dr. S. Ross Taggart, chief of the department's veneral disease bureau, who released the figures.

Dr. Taggart discounted what he termed "any general thought" that the VD incidence in District schools is rising because of the quick cures effected at rapid-treatment centers.

Dr. George C. Ruhland, District Health Officer, recently told members of the House Appropriations Committee it was his "impression" that VD infections in the public schools "reflect the conduct of the pupils."

"There seems to be—that is our impression—much more (sex) experimentation; much less restraint," Dr. Ruhland had testified.

For the calendar year of 1947, Dr. Taggart reported, the VD control division recorded 157 previously unreported cases of gonorrhea and 22 of syphilis among children under 15 years of age here. In 1948, the totals were: gonorrhea, 164, and syphilis, 15.

Preponderance of newly reported cases, however, was in the 15-to-19-year age group. Here the division records showed 1909 gonorrhea infections and 226 new cases of syphilis during 1947, compared to 1792 with gonorrhea and 170 with syphilis uncovered last year.

The 1947 admissions for gonorrhea included 3 white boys and 5 white girls under 15 years of age, and 36 Negro boys and 112 Negro girls for the same age group. Admissions for primary and secondary syphilis that year for the under-15 age group included 6 boys and 16 girls, all Negroes.

In the 15-19 age group for 1947, gonorrhea cases reported included 22 white males and 61 white females, and 1059 Negro males and 767 Negro females. Corresponding tables released yesterday showed no race breakdown for 1948, but by sex the gonorrhea cases reported included 1025 males and 767 females.

Statistics for 1948 on admissions for syphilis showed, in the 15-19 year age group, that reported cases included 4 white males and 8 white females, and 50 Negro males and 108 Negro females.

The infections, said Dr. Taggart, are discovered during school physical examinations or are reported voluntarily by the students or their parents at the District's rapid treatment centers. In the case of the younger pupils, he said, many are reported by the maternal and child welfare organizations.